

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0031 (September 2004)	FOR FCC USE ONLY
Consummation Notice Read Instructions/FAQ before filling out form		FOR COMMISSION USE ONLY FILE NO.

Section I - General Information

1.	Legal Name of the Applicant NRJ TV BOSTON LICENSE CO, LLC										
	Mailing Address 722 S. DENTON TAP ROAD SUITE 130										
	City COPPELL	State or Country (if foreign address) TX	Zip Code 75019 -								
	Telephone Number (include area code) 9729473391		E-Mail Address (if available)								
	FCC Registration Number: 0015925993	Call Sign WMFP	Facility ID Number 41436								
2.	Contact Representative (if other than licensee/permittee) JOSEPH A. GODLES		Firm or Company Name GOLDBERG GODLES WIENER & WRIGHT								
	Mailing Address 1229 19TH STREET, NW										
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20036 - 2413								
	Telephone Number (include area code) 2024294900		E-Mail Address (if available) JGODLES@G2W2.COM								
3.	Purpose: <input checked="" type="radio"/> Consummation Notice <input type="radio"/> Extension of Consummation <input type="radio"/> Notification of Non-consummation										
4.	Consummation for: <input checked="" type="radio"/> Assignment of License and/or Permit <input type="radio"/> Transfer of Control										
5.	Lead Station File Number: BALCDT - 20110131AOY		Lead Facility ID: 41436								
6.	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">File Number</th> <th style="width:15%;">Facility ID</th> <th style="width:25%;">Call Sign</th> <th style="width:20%;">Will not Consume</th> </tr> </thead> <tbody> <tr> <td>BALCDT-20110131AOY</td> <td>41436</td> <td>WMFP</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>			File Number	Facility ID	Call Sign	Will not Consume	BALCDT-20110131AOY	41436	WMFP	<input type="checkbox"/>
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7.	Date of consummation: 05/13/2011										
8.	FRN of Assignee/Transferee: 0020523098										

I hereby certify that the referenced assignment of license/transfer of control was consummated within the required time period, on the date indicated in #7 above.

Typed or Printed Name of Person Signing ROBERT G. ANDREWS	Typed or Printed Title of Person Signing SECRETARY
Signature	Date 05/18/2011

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits

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