



### Section I - General Information

**1. Respondent**

| FRN                                      |  | Name                                   |                                  |          |         |         |
|--|--|--|----------------------------------|----------|---------|---------|
| [FRN]                                    |  | [respondent name]                      |                                  |          |         |         |
| Street Address                           |  | City (and Country if non-U.S. address) | State ("NA" if non-U.S. address) | Zip Code | Phone   | Email   |
| [street address 1]<br>[street address 2] |  | [city]                                 | [state]                          | [zip]    | [phone] | [email] |

**2. Contact Representative**

| Name                                     |  |  | Organization                     |          |         |         |
|--|--|--|----------------------------------|----------|---------|---------|
| [name]                                   |  |  | [organization]                   |          |         |         |
| Street Address                           |  | City (and Country if non-U.S. address) | State ("NA" if non-U.S. address) | Zip Code | Phone   | Email   |
| [street address 1]<br>[street address 2] |  | [city]                                 | [state]                          | [zip]    | [phone] | [email] |

**3. Respondent and Report Information**

**(a) Provide the following information about the Respondent:**

|   |  |
|---|--|
| <b>Relationship to stations/permits</b> | <input type="radio"/> Licensee <input type="radio"/> Permittee (non-biennial reports only)<br><input type="radio"/> Entity required to file a Form 323-E because it holds an attributable interest in one or more Licensees or, in the case of a non-biennial report, Permittees   |
| <b>Control of Respondent</b>            | Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity? <div style="float: right;"> <input type="radio"/> Yes<br/> <input type="radio"/> No                 </div> If Yes, each such controlling entity is considered to have an attributable interest in the Respondent, and a separate Form 2100, Schedule 323-E must be submitted for each such controlling entity. |

**(b) Provide the following information about this report:**

|                |   |
|----------------|---|
| <b>Purpose</b> | <input type="radio"/> (1) Biennial<br><input type="radio"/> (2) Validation and resubmission of a previously filed biennial report (certifying no change from previous report) <b>Provide file number of report that is being validated and resubmitted:</b> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-left: 10px;">[file number]</div> |
|----------------|---|

|                     |  |
|---------------------|--|
|                     | <input type="radio"/> (3) Transfer of control or assignment of license/permit<br><input type="radio"/> (4) Report by Permittee filing within 30 days after the grant of a construction permit for a new noncommercial AM, FM, or full power television broadcast station<br><input type="radio"/> (5) Report filed by Permittee in conjunction with Permittee's application for a station license<br><input type="radio"/> (6) Certification of accuracy of an initial or post-consummation ownership report filed by Permittee in conjunction with Permittee's application for a station license<br><b>Provide file number of report being certified:</b> _____ [file number]<br><input type="radio"/> (7) Amendment to a previously filed ownership report <b>Submit an Exhibit listing, by Section and Question Number, the portions of the previous report that are being revised.</b> |
| <b>"As of" date</b> | All of the information furnished in this report is accurate as of the following date (mm/dd/yyyy): <input style="width:100px;" type="text" value="[date]"/><br><br><b>When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.</b>  |

**4. Licensee(s)/ Permittee(s) and Stations(s)/ Permit(s)**

**Respondent is filing this report to cover the following Licensee(s)/Permittee(s) and license(s)/permit(s):**

| Licensee/Permittee Name | FRN   |
|-------------------------|-------|
| [licensee name]         | [FRN] |

  

| Fac. ID No.   | Call Sign   | City   | State   | Service   |
|---------------|-------------|--------|---------|-----------|
| [Fac. ID No.] | [call sign] | [city] | [state] | [service] |

### Section II-A - Non-Biennial Ownership Information

**1. 47 C.F.R. Section 73.3613 Documents**

Licensee/Permittee Respondents should list all contracts and other instruments required to be filed pursuant to 47 C.F.R. Section 73.3613 for the facility or facilities listed on this report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee/Permittee Respondents should select "Not Applicable" in response to this question.

Not Applicable

| Document Information                         |  |
|--|--|
| <b>Description of contract or instrument</b> | [description of contract or instrument]                          |
| <b>Parties to contract or instrument</b>     | [parties to contract or instrument]                              |
| <b>Date of execution (mm/yyyy)</b>           | [date of execution]  |
| <b>Date of expiration (mm/yyyy)</b>          | [date of expiration] <input type="checkbox"/> No expiration date |

|  |  |                  |
|--|--|------------------|
| <b>Agreement type</b> (check all that apply) | <input type="checkbox"/> Network Affiliation Agreement<br><input type="checkbox"/> Other <b>Indicate agreement type:</b> | [agreement type] |
|--|--|------------------|

**2. Ownership Interests**

**(a) Ownership Interests.** This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board, stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A “direct” interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission’s Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) or Permittee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) or Permittee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

| <b>Ownership Information</b> |   |   |
|------------------------------|---|---|
| <b>FRN</b>                   | [FRN]                                       |   |
| <b>Name</b>                  | [name]                                      |   |
| <b>Address</b>               | <b>Street 1</b>                             | [street 1]                                  |
|                              | <b>Street 2</b>                             | [street 2]                                  |
|                              | <b>City</b>                                 | [city]                                      |
|                              | <b>State (“NA” if non-U.S. address)</b>     | [state]                                     |
|                              | <b>Zip/Postal Code</b>                      | [zip]                                       |
|                              | <b>Country (if non-U.S. address)</b>        | [country]                                   |
| <b>Listing Type</b>          | <input checked="" type="radio"/> Respondent | <input type="radio"/> Other interest holder |

|  |  |
|--|--|
| <b>Positional Interests</b><br>(check all that apply)  | <input type="checkbox"/> Officer <input type="checkbox"/> Parent entity<br><input type="checkbox"/> Member of governing board (or other governing entity)<br><input type="checkbox"/> Other <b>Specify interest type:</b> <input style="width:100%;" type="text" value="[interest type]"/> |
| <b>Principal Profession or Occupation</b>  | [profession] <input type="checkbox"/> N/A (entity)   |
| <b>By Whom Appointed or Elected</b>  | [appointed/elected by] <input type="checkbox"/> N/A (entity)   |
| <b>Interest Percentages</b><br>(enter percentage values from 0.0 to 100.0)   | <b>Voting</b> [voting]   |
|  | <b>Total assets (Equity Debt Plus)</b> [total assets]  |
| <b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b> | <input type="radio"/> Yes <input type="radio"/> No   |

|  |   |
|--|---|
| <b>(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in response to Question 2(a) are non-attributable.</b><br>If “No,” submit as an exhibit an explanation. | <input type="radio"/> Yes<br><br><input type="radio"/> No |
|--|---|

|   |   |
|---|---|
| <b>(c) Is Respondent seeking an attribution exemption for any officer or member of the governing board (or other governing entity) with duties wholly unrelated to the Licensee(s) or Permittee(s)?</b><br><br>If “Yes,” complete the information in the required fields and submit an Exhibit fully describing that individual’s duties and responsibilities, and explaining why that individual should not be attributed an interest. | <input type="radio"/> Yes<br><br><input type="radio"/> No |
|---|---|

| <b>Attribution Exemptions</b> |        |              |         |
|-------------------------------|--------|--------------|---------|
| <b>Name</b>                   | [name] | <b>Title</b> | [title] |

### Section II-B - Biennial Ownership Information

**1. 47 C.F.R. Section 73.3613 Documents**

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments required to be filed pursuant to 47 C.F.R. Section 73.3613 for the facility or facilities listed on this report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee Respondents should select “Not Applicable” in response to this question.

Not Applicable

| <b>Document Information</b>                  |   |
|--|---|
| <b>Description of contract or instrument</b> | [description of contract or instrument] |

**DRAFT - NOT YET APPROVED BY OMB  
FCC Form 2100, Schedule 323-E**

|  |   |
|--|---|
| <b>Parties to contract or instrument</b>     | [parties to contract or instrument]   |
| <b>Date of execution</b> (mm/yyyy)           | [date of execution]   |
| <b>Date of expiration</b> (mm/yyyy)          | [date of expiration] <input type="checkbox"/> No expiration date  |
| <b>Agreement type</b> (check all that apply) | <input type="checkbox"/> Network Affiliation Agreement<br><input type="checkbox"/> Other <b>Indicate agreement type:</b> <span style="border: 1px solid black; padding: 2px;">[agreement type]</span> |

**2. Ownership Interests**

(a) This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A “direct” interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission’s Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

| Ownership Information |   |            |
|-----------------------|---|------------|
| <b>FRN</b>            | [FRN]                                   |            |
| <b>Name</b>           | [name]                                  |            |
| <b>Address</b>        | <b>Street 1</b>                         | [street 1] |
|                       | <b>Street 2</b>                         | [street 2] |
|                       | <b>City</b>                             | [city]     |
|                       | <b>State (“NA” if non-U.S. address)</b> | [state]    |
|                       | <b>Zip/Postal Code</b>                  | [zip]      |
|                       | <b>Country (if non-U.S. address)</b>    | [country]  |

**DRAFT - NOT YET APPROVED BY OMB  
FCC Form 2100, Schedule 323-E**

|  |  |   |
|--|--|---|
| <b>Listing Type</b>  | <input checked="" type="radio"/> Respondent <input type="radio"/> Other interest holder  |   |
| <b>Positional Interests</b><br>(check all that apply)  | <input type="checkbox"/> Officer <input type="checkbox"/> Parent entity<br><input type="checkbox"/> Member of governing board (or <small>other governing entity</small> )<br><input type="checkbox"/> Other <b>Specify interest type:</b> <input type="text" value="[interest type]"/> |   |
| <b>Principal Profession or Occupation</b>  | [profession]   | <input type="checkbox"/> N/A (entity)   |
| <b>By Whom Appointed or Elected</b>  | [appointed/elected by]   | <input type="checkbox"/> N/A (entity)   |
| <b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>   | <input checked="" type="radio"/> N/A (entity)  |   |
|  | <b>Citizenship</b>   | [citizenship]   |
|  | <b>Gender</b>  | <input checked="" type="radio"/> Male <input type="radio"/> Female  |
|  | <b>Ethnicity</b>   | <input checked="" type="radio"/> Hispanic or Latino<br><input type="radio"/> Not Hispanic or Latino   |
|  | <b>Race</b> (Check all categories that apply to the individual being reported)   | <input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br><input type="checkbox"/> White |
| <b>Tribal Nation or Tribal Entity</b>  | <input type="checkbox"/> Yes   |   |
| <b>Interest Percentages</b><br>(enter percentage values from 0.0 to 100.0)   | <b>Voting</b>  | [voting]  |
|  | <b>Equity</b>  | [equity]  |
|  | <b>Total assets (Equity Debt Plus)</b>   | [total assets]  |
| <b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>   | <input checked="" type="radio"/> Yes <input type="radio"/> No  |   |
| <b>(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in response to Question 2(a) are non-attributable.</b><br>If “No,” submit as an exhibit an explanation. |  | <input checked="" type="radio"/> Yes  |

No

|  |   |
|--|---|
| <p><b>(c) Is Respondent seeking an attribution exemption for any officer or member of the governing board (or other governing entity) with duties wholly unrelated to the Licensee(s)?</b></p> <p>If "Yes," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.</p> | <input type="radio"/> Yes<br><br><input type="radio"/> No |
|--|---|

| <b>Attribution Exemptions</b> |        |              |         |
|-------------------------------|--------|--------------|---------|
| <b>Name</b>                   | [name] | <b>Title</b> | [title] |

**3. Organizational Chart** (Licensees Only)

|  |   |
|--|---|
| <p>Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p> | <input type="checkbox"/> Not Applicable |
|--|---|

### Section III - Certification

I certify that I am

[title]

**(official title)**

of

[respondent]

**(exact legal title or name of Respondent)**

and that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.

|  |                    |
|--|--------------------|
| <b>Signature</b>   | [signature]        |
| <b>Date (mm/dd/yyyy)</b> (When filing a biennial ownership report, date of signature below must be no earlier than Oct. 1 of the filing year.) | [date]             |
| <b>Telephone Number</b> (Include area code)  | [telephone number] |

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).