

Federal Communications Commission Washington, D.C. 20554  <b>FCC 323-E</b>	Approved by OMB 3060-0084 (June 2002)	FOR FCC USE ONLY  
<b>Ownership Report For Noncommercial Educational Broadcast Station</b>  Read INSTRUCTIONS Before Filling Out Form		FOR COMMISSION USE ONLY FILE NO. -

**Section I - General**

1.	Legal Name of the Licensee/Permittee ONDAS DE VIDA NETWORK, INC.		
	Mailing Address P.O. BOX 401136		
	City HESPERIA	State or Country (if foreign address) CA	ZIP Code 92340 -
	Telephone Number (include area code) 7609474300	E-Mail Address (if available) JDSOUTHMAYD@MSN.COM	
	FCC Registration Number:	Call Sign KODV	Facility ID Number 122214
2.	Contact Representative (if other than Licensee/Permittee) JEFFREY D. SOUTHMAYD		Firm or Company Name SOUTHMAYD & MILLER
	Telephone Number (include area code) 2023314100		E-Mail Address (if available) JDSOUTHMAYD@MSN.COM
3.	Name of entity, if other than licensee or permittee, for which report is filed		
	Mailing Address		
	City	State or Country (if foreign address)	ZIP Code -
	Telephone Number (include area code)		E-Mail Address (if available)

**Section II - Ownership Information**

4.	<p>All of the information furnished in this Report is accurate as of 1/2/2008 (<i>Date must comply with 47 C.F.R. Section 73.3615(d), i.e., information must be current within 60 days of filing of this report, when 4(a) below is checked.</i>)</p> <p>This Report is filed for (<i>check one</i>)</p> <p>a. <input checked="" type="radio"/> Biennial      b. <input type="radio"/> Transfer of Control or Assignment of License/Permit      c. <input type="radio"/> Other</p> <p>d. <input type="radio"/> Amendment to pending application</p> <p>for the following stations:</p> <p>[Enter Station Information]</p> <hr/> <p style="text-align: center;"><b>Station List</b></p> <p>This Report is filed for the following stations:</p> <table border="1" data-bbox="73 1934 1572 2020"><thead><tr><th>Call Letters</th><th>Facility ID Number</th><th>Location (City/State)</th><th>Class of service</th></tr></thead><tbody><tr><td>KODV</td><td>122214</td><td>BARSTOW CA</td><td>FM</td></tr></tbody></table>	Call Letters	Facility ID Number	Location (City/State)	Class of service	KODV	122214	BARSTOW CA	FM
Call Letters	Facility ID Number	Location (City/State)	Class of service						
KODV	122214	BARSTOW CA	FM						

Call Letters	Facility ID Number	Location (City/State)	Class of service
K205DK	92058	YUCCA VALLEY CA	FX

Call Letters	Facility ID Number	Location (City/State)	Class of service
K205DZ	91086	DEVORE CA	FX

Call Letters	Facility ID Number	Location (City/State)	Class of service
K228CO	28845	BARSTOW CA	FX

Call Letters	Facility ID Number	Location (City/State)	Class of service
K253AJ	138849	NORTH EDWARDS CA	FX

Call Letters	Facility ID Number	Location (City/State)	Class of service
K264AP	138864	HALLORAN SPRINGS CA	FX

Call Letters	Facility ID Number	Location (City/State)	Class of service
K288DJ	28939	VICTORVILLE CA	FX

Call Letters	Facility ID Number	Location (City/State)	Class of service
K293AG	81345	TAFT CA	FX

Call Letters	Facility ID Number	Location (City/State)	Class of service
K288FN	156220	CHARLESTON PARK NV	FX

5. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

[Enter Contract/Instrument Information]

6. Is the governing board directly or indirectly under the control of another entity? ☐ Yes ☒ No  
If Yes, is a separate FCC Form 323-E submitted for such entity? ☐ Yes ☐ No

7. List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages, if necessary.

[Enter Owner Information]

#### Owner Information

List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages if necessary.

**(Read carefully - The numbered items below refer to line numbers in the following table.)**

- Name and address of officer, member of governing board, and holders of 1% or more ownership interest (if other than individual also show name, address and citizenship of natural person authorized to vote the interest). List officers first, then board members, and thereafter, holders of 1% or more ownership interest, if any.
- Citizenship.
- Office held.
- Percent of interest held.
- Principal profession or occupation.
- By whom appointed or elected.

g. Existing interests in any other broadcast station, including the nature and size of such interests.

a. Name and Address.	HECTOR MANZO, 17411 TRINITY DRIVE, HESPERIA, CA
b. Citizenship.	US
c. Office held.	PRESIDENT AND CEO
d. Percent of interest held.	50.00
e. Principal profession or occupation.	BROADCASTER
f. By whom appointed or elected.	BOARD
g. Existing interests	FM TRANSLATORS

a. Name and Address.	MARIA ACEVES 18877 CENTENNIAL ST, HESPERIA CA 92345
b. Citizenship.	US
c. Office held.	TREASURER
d. Percent of interest held.	25.00
e. Principal profession or occupation.	BROADCASTING
f. By whom appointed or elected.	BOARD
g. Existing interests	FM TRANSLATORS

a. Name and Address.	GUILLERMO URETA, 11385 SHAHAPTAIN STREET, HESPERIA, CA
b. Citizenship.	US
c. Office held.	SECRETARY
d. Percent of interest held.	25.00
e. Principal profession or occupation.	BROADCASTER
f. By whom appointed or elected.	BOARD
g. Existing interests	FM TRANSLATORS

a. Name and Address.	
b. Citizenship.	
c. Office held.	
d. Percent of interest held.	
e. Principal profession or occupation.	
f. By whom appointed or elected.	
g. Existing interests	

### SECTION III - CERTIFICATION

I certify that I am PRESIDENT

(Official Title)

of ONDAS DE VIDA NETWORK, INC.

(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.

(Date of certification must be within 60 days of the date shown in Question 4, Section II and in no event prior to that date.)

Signature HECTOR MANZO	Date 1/21/2008
Telephone Number of Respondent (Include area code) 7609474300	

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).

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## Exhibits

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