Response

No



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000036048
 Submit Date:
 2017-12-06
 FRN:
 0013774674

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 12/06/2017

 Filing Status:
 Active
 Status:
 Status
 Status Date:
 12/06/2017

Section I - General Information

1. Respondent

 FRN
 Entity Name

 0013774674
 WPXS, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
3901 Highway 121 South	Bedford	тх	73021- 3009	+1 (817) 571- 1229	arnold. torres@daystar.com

2. Contact Representative

Name	Organization
Robert L. Olender, Esq.	Koerner & Olender PC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
7020 Richard Drive	Bethesda	MD	20817	+1 (301) 468- 3336	rolender.law@comcast. net

3. Application Filing Fee

Question

Is this application being submitted without a filing fee?

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	МАТ	1	95	\$70.00
		·	-	•	Total	\$70.00

4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee	
Nature of Respondent	For-profit corporation	

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2017
	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.

5. Licensee(s) and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name	FRN
WPXS, Inc.	0013774674

Fac. ID No.	Call Sign	City	State	Service
10291	KUMO-LD	ST LOUIS	МО	LPD
40861	WPXS	MOUNT VERNON	IL	DTV

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other 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 set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents, as well as Licensee Respondents that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this question.

Document Information			
Description of contract or instrument	Articles of Incorporation		
Parties to contract or instrument	WPXS, Inc.		
Date of execution	01/2005		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Articles		

Document Information			
Description of contract or instrument	By-Laws		
Parties to contract or instrument	WPXS, Inc.		
Date of execution	01/2005		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: By-Laws		

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, directors, stockholders, non-insulated partners, non-insulated members, 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					
FRN	0013774674				
Entity Name	WPXS, Inc.				
Address	PO Box				
	Street 1	3901 Highway 121 South			
	Street 2				
	City	Bedford			
	State ("NA" if non-U.S. address)	ТХ			
	Zip/Postal Code	73021-3009			
	Country (if non-U.S. address)	United States			
Listing Type	Respondent	·			
Positional Interests (check all that apply)	Respondent				
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity				
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting 0.0% Jointly Held? No				

Ownership Information

	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an	attributable interest in one or	more broadcast stations	No

that do not appear on this report?	

Ownership Information			
FRN	0001843697		
Entity Name	Word of God Fellowship, Inc.	Word of God Fellowship, Inc.	
Address	PO Box		
	Street 1	3901 Highway 121 South	
	Street 2		
	City	Bedford	
	State ("NA" if non-U.S. address)	ТХ	
	Zip/Postal Code	76021	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	100.0%	
	Total assets (Equity Debt Plus)	100.0%	
Does interest holder have that do not appear on this	an attributable interest in one c report?	r more broadcast stations	Yes

Ownership Information		
FRN	9990007362	
Name	Marcus D. Lamb	
Address	PO Box	
	Street 1	3901 Highway 121 South
	Street 2	
	City	Bedford
	State ("NA" if non-U.S. address)	ТХ
	Zip/Postal Code	76021

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
Citizenship, Gender,	Citizenship	US Male	
Ethnicity, and Race Information (Natural	Gender		
Persons Only)	Ethnicity Not Hispanic or Latino		
	Race	White	
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an	attributable interest in one or	more broadcast stations	Yes

that do not appear on this report?

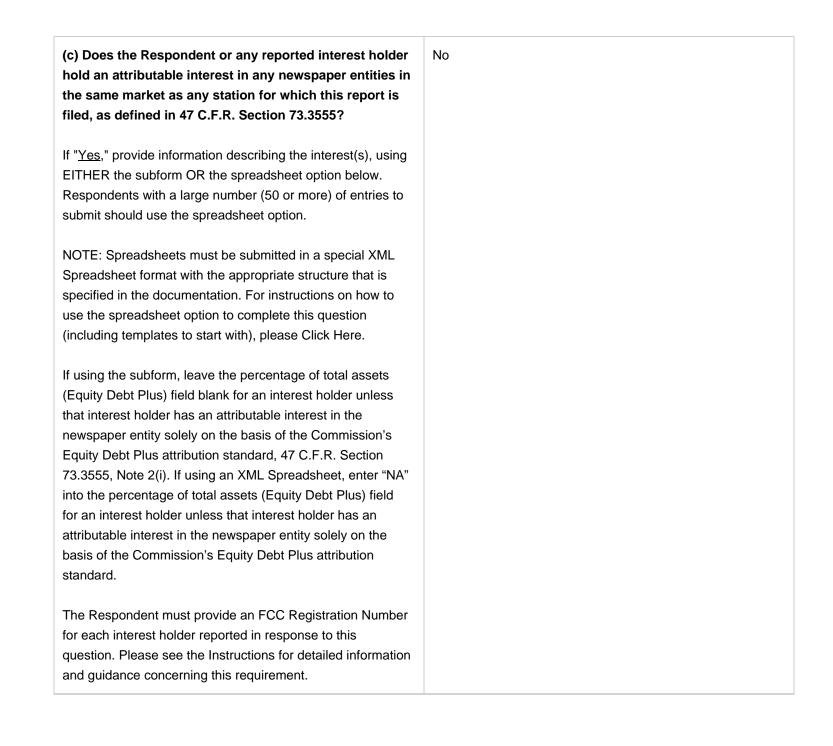
Ownership Information

FRN	9990007370		
Name	Joni T. Lamb		
Address	PO Box		
	Street 1	3901 Highway 121 South	
	Street 2		
	City	Bedford	
	State ("NA" if non-U.S. address)		
	Zip/Postal Code		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity Not Hispanic or Latino		
	Race	White	
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?

No

Ownership Information			
FRN	9990007404		
Name	John Calendar		
Address	PO Box		
	Street 1	249 Fox Hollow Road	
	Street 2		
	City	Montgomery	
	State ("NA" if non-U.S. address)	AL	
	Zip/Postal Code	36101	
	Country (if non-U.S. United States address) United States		
Listing Type	ng Type Other Interest Holder		
Positional Interests (check all that apply)	Director		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			No
(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.			Yes



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other Yes or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

Family Relationships			
FRN	9990007362	Name	Marcus D. Lamb
FRN	9990007370	Name	Joni T. Lamb
Relationship	Spouses		

No

Family Relationships

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?

If "<u>Yes</u>," 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.

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.

Non-Licensee Respondents should select "N/A" in response to this question.

Section III - Certification

Certification

Section	Question	Response
Authorized Party to Sign	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 LICENSEOR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify 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.	Official Title: President Exact Legal Title or Name of Respondent: WPXS, Inc. Name: Marcus D. Lamb Phone: 8175711229 12/06/2017