

(REFERENCE COPY - Not for submission)

Not Applicable

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000043778
 Submit Date:
 2018-02-26
 FRN:
 0006584023
Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 02/26/2018 Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name	
0007305782	Radio One of Charlotte, LLC	

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1010 Wayne Avenue, 14th Floor	Silver Spring	MD	20910	+1 (301) 429- 3200	sharris@urban1. com

2. Contact Representative

Name	Organization
Sonya M. Hall-Harris	Urban One, Inc.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1010 Wayne Avenue, 14th Floor	Silver Spring	MD	20910	+1 (301) 429-3200	sharris@urban1.com

3. Application **Filing Fee**

4. Nature of Respondent

(a) Provide the following information about the Respondent:			
Relationship to stations/permits	Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees		
Nature of Respondent	Limited liability company		

(b) Provide the following information about this report:

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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.

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

Licensee/Permittee Name			FRN	
Radio One of North Carolina, LLC		0006584023		
Fac. ID No. Call Sign City		State	Service	
28898	WQNC	HARRISBURG	NC	FM
52553	WPZS	INDIAN TRAIL	NC	FM

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.

Not Applicable.

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	0007305782		
Entity Name	Radio One of Charlotte, LLC		
Address	PO Box		
	Street 1	1010 Wayne Avenue, 14th Floor	
	Street 2		
	City	Silver Spring	
	State ("NA" if non-U.S. address)	MD	
	Zip/Postal Code	20910	

	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	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 ar	n attributable interest in one o	r more broadcast stations	Yes	

that do not appear on this report?

Ownership Information				
FRN	0003738804	0003738804		
Entity Name	Urban One, Inc.	Urban One, Inc.		
Address PO Box				
	Street 1	1010 Wayne Avenue, 14th F	loor	
	Street 2			
	City	Silver Spring		
	State ("NA" if non-U.S. address)	MD		
	Zip/Postal Code	20910		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Owne	LC/LLC/PLLC Member, Owner		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	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 a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	

FRN	0027214378
Name	Alfred C. Liggins, III

Address	PO Box			
	Street 1	101 Wayne Avenue, 14th Floo	or	
	Street 2			
	City	Silver Spring		
	State ("NA" if non-U.S. address)	MD		
	Zip/Postal Code	20910		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Other - Manager			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Black or African American		
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%		

FRN	9990122890	
Name	Linda J. Vilardo	
Address	PO Box	
	Street 1	1010 Wayne Avenue, 14th Floor
	Street 2	
	City	Silver Spring
	State ("NA" if non-U.S. address)	MD
	Zip/Postal Code	20910
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	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?		Yes	

Ownership Information

FRN	0027216183		
Name	Peter Thompson		
Address	PO Box		
	Street 1	1010 Wayne Avenue, 14th Floor	
	Street 2		
	City	Silver Spring	
	State ("NA" if non-U.S. address)	MD	
	Zip/Postal Code	20910	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Citizenship, Gender,	Citizenship	GB	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

that do not appear on this report?

FRN	0027218080	
Name	Michael Plantamura	
Address	PO Box	

	Street 1	1010 Wayne Avenue, 14th Floor	
	Street 2		
	City	Silver Spring	
	State ("NA" if non-U.S. address)	MD	
	Zip/Postal Code	20910	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
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 that do not appear on this report?		more broadcast stations	Yes
(b) Respondent certifies that interests, not reported in this If "No," submit as an exhibit an	-	y, financial, or voting	Yes



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

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

(e) Is Respondent seeking an attribution exemption for any officer or director with No 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.

Certif	ication

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: Vice President Exact Legal Title or Name of Respondent: Vice President Name: Karen Wishart Phone: 3014293200 02/26/2018