



(REFERENCE COPY - Not for submission)

# Amendment to a Non-Commercial Broadcast Stations Biennial Ownership Report

File Number: 0000036601 | Submit Date: 2018-01-29 | FRN: 0017040510

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Amendment | Status: Received | Status Date: 01/29/2018 | Filing Status: Active

## Section I - General Information

### 1. Respondent

FRN		Entity Name			
0017040510		Smile FM			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 88	Attica	MI	48412	+1 (810) 895-2040	ed@smile.fm

### 2. Contact Representative

Name		Organization			
Edward Czelada		Smile FM			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 88	Attica	MI	48412	+1 (810) 895-2040	ed@smile.fm

### 3. Application Filing Fee

Not Applicable

### 4. Control of Respondent

(a) Provide the following information about the Respondent:

Relationship to stations/permits	Entity required to file a Form 323-E because it holds an attributable interest in one or more Licensees or Permittees	
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?		No

(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.
Reason for Amendment	correction

### 5. Licensee(s)

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

and Station(s)

Licensee/Permittee Name	FRN
Smile FM	0017040510

Fac. ID No.	Call Sign	City	State	Service
64021	WEJC	WHITE STAR	MI	FM
78460	WLGH	LEROY TOWNSHIP	MI	FM
84187	WHYT	GOODLAND TOWNSHIP	MI	FM
84479	WTLI	BEAR CREEK TOWNSHIP	MI	FM
88040	WTAC	BURTON	MI	FM
90658	WSIS	RIVERSIDE	MI	FM
91446	WSLI	BELDING	MI	FM
92345	WAIR	LAKE CITY	MI	FM
93344	WKKM	SPEAKER TOWNSHIP	MI	FM
148894	W273CI	GRAND HAVEN	MI	FX
153183	W299CB	MANISTEE	MI	FX
174213	WYOR	REPUBLIC	OH	FM
175093	WDTE	GROSSE POINT SHORES	MI	FM
175249	WSMB	HARBOR BEACH	MI	FM
175350	WSMO	MOUNT FOREST	MI	FM
175566	WSMZ	CRYSTAL VALLEY	MI	FM
176215	WVMV	CHINA TOWNSHIP	MI	FM
176302	WDTP	HURON TOWNSHIP	MI	FM
176803	KOYR	YORKTOWN	AR	FM

Section II – 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 set forth in 47 C.F.R. Section 73.3613(a) through (c) 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.

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 (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		
FRN	0017040510	
Entity Name	Smile FM	
Address	PO Box	88
	Street 1	
	Street 2	
	City	Attica
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48412
	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%
	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	9990118280	
Name	Edward Czelada	
Address	PO Box	88
	Street 1	
	Street 2	
	City	Attica
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48412
	Country (if non-U.S. address)	United States

Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Broadcaster		
By Whom Appointed or Elected	Board		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	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?		Yes	

Ownership Information		
FRN	9990118281	
Name	Willard Dooley	
Address	PO Box	88
	Street 1	
	Street 2	
	City	Attica
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48412
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	construction	
By Whom Appointed or Elected	board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	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	9990118283		
Name	Dale Mazzoline		
Address	PO Box	88	
	Street 1		
	Street 2		
	City	Attica	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	48412	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	electrician		
By Whom Appointed or Elected	board		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	
	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?			Yes

Ownership Information		
FRN	9990118282	
Name	Joseph Henika	
Address	PO Box	88

	Street 1	
	Street 2	
	City	Attica
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48412
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Retired	
By Whom Appointed or Elected	board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%
	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	9990120962	
Name	Jennifer Czelada	
Address	PO Box	88
	Street 1	
	Street 2	
	City	Attica
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48412
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	

Principal Profession or Occupation	broadcaster	
By Whom Appointed or Elected	board	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%
	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?		Yes

(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
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(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?  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.	No
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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 LICENSE --OR 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: <b>President</b> Exact Legal Title or Name of Respondent: <b>President</b> Name: <b>Edward Czelada</b> Phone: <b>8108952040</b>  01/29/2018