

Federal (REFERENCE COPY - Not for submission) Communications Operations

FRN

0019373638

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000043399Submit Date: 2018-02-23FRN: 0001810670Purpose: Commercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 02/23/2018Filing Status: ActiveStatus: ActiveStatus Date: 02/23/2018

Section I - General Information

ION MEDIA OF SYRACUSE, INC.

1. Respondent

Entity Name

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
601 Clearwater Park Road	West Palm Beach	FL	33401	+1 (561) 682- 4110	BiancaFrye@ionmedia. com

2. Contact Representative

Name	Organization
Michael Hubner	ION Media Networks

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
810 Seventh Avenue 31st Floor	New York	NY	10019	+1 (212) 603- 8407	MichaelHubner@ionmedia. com

3. Application Filing Fee

Not Applicable

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	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.

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

Licensee/Permittee Name	FRN			
ION Media Syracuse License, Inc.			0004962551	
Fac. ID No.	Call Sign	City	State	Service
64352	WSPX-TV	SYRACUSE	NY	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.			
2. Ownership Interests				
	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 fu	urther 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	0019373638		
	Entity Nama			

FRN	0019373638		
Entity Name	ION MEDIA OF SYRACUSE, INC.		
Address	PO Box		
	Street 1	601 Clearwater Park Road	
	Street 2		
	City	West Palm Beach	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33401	
	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 that do not appear on this	No		

Ownership Information

0008610289			
ION MEDIA TELEVISION, INC.			
PO Box			
Street 1	601 Clearwater Park Road		
Street 2			
City	West Palm Beach		
State ("NA" if non-U.S. address)	FL		
Zip/Postal Code	33401		
Country (if non-U.S. address)	United States		
Other Interest Holder			
Stockholder			
Interest holder is not a Tribal ı	nation or Tribal entity		
Voting	100.0%	Jointly Held? No	
Equity	100.0%		
Total assets (Equity Debt Plus)	0.0%		
	PO BoxStreet 1Street 2CityState ("NA" if non-U.S. address)Zip/Postal CodeCountry (if non-U.S. address)Other Interest HolderStockholderStockholderVotingEquityTotal assets (Equity Debt	PO BoxImage: constraint of the sector of the se	

Ownership Information

FRN	0019374099		
Name	R. BRANDON BURGESS		
Address	PO Box		
	Street 1	601 Clearwater Park Road	
	Street 2		

	City	West Palm Beach		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	33401		
	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	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 Yes that do not appear on this report?			Yes	

Ownership Information		
FRN	0019415785	
Name	JEFFREY J. QUINN	
Address	PO Box	
	Street 1	601 Clearwater Park Road
	Street 2	
	City	West Palm Beach
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33401
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White

Ownership Information

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	0022450282		
Name	MICHAEL S. HUBNER		
Address	PO Box		
	Street 1	810 Seventh Avenue	
	Street 2	31st Floor	
	City	New York	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10019	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US	
	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%	
		or more broadcast stations	Yes

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes
interests, not reported in this filing are non-attributable.	
If "No," submit as an exhibit an explanation.	



(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).	

CertificationI 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: Secretary Exact Legal Title or Name of Respondent: ION Media of Syracuse, Inc. Name: Michael Hubner Phone: 212603840702/23/2018			
	Certification	and that to the best of my knowledge and belief, all statements in this report are	Exact Legal Title or Name of Respondent: ION Media of Syracuse, Inc. Name: Michael Hubner Phone: 2126038407