

#### (REFERENCE COPY - Not for submission)

Not Applicable

# **Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)**

File Number: 0000043887 Submit Date: 2018-02-26 FRN: 0001884287 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/permitsEntity 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 Charlotte, LLC			0007305782	
Fac. ID No.	Call Sign	City	State	Service
23006	WOSF	GAFFNEY	SC	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 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.				
			nk for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R.		
		t ownership structures, list only th see(s) for which the report is bein	hose interests in the Respondent that also represent an ng submitted.		
	separate ownership reports. In s		holding companies or other forms of indirect ownership must file file a separate report for, any interest holder that does not have being submitted.		
	Please see the Instructions for f	urther detail concerning interests	s that must be reported in response to this question.		
		an FCC Registration Number for detailed information and guidanc	each interest holder reported in response to this question. e 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. MD   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 an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

Ownership Information			
FRN	9990003809		
Name	Alfred Liggins		
Address	PO Box		
	Street 1	1010 Wayne Avenue, 14th Flo	por
	Street 2		
	City	Silver Spring	
	State ("NA" if non-U.S. address)	MD	
	Zip/Postal Code	20910	
	Country (if non-U.S.United Statesaddress)		
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer		
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%	
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?			

**Ownership Information** 

FRN	0003738804
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Entity Name	Urban One, Inc.			
Address	PO Box			
	Street 1	1010 Wayne Avenue, 14th Flo	oor	
	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)	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)			
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	

Ownership Information		
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	
<b>Positional Interests</b> (check all that apply)	Officer	
Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US
	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 a that do not appear on this r	an attributable interest in one o report?	r more broadcast stations	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		
<b>Positional Interests</b> (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%	
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes

Ownership Information		
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		
<b>Positional Interests</b> (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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations</b> Yes that do not appear on this report?		Yes	
(b) Respondent certifies that any interests, including equity, financial, or voting Yes interests, not reported in this filing are non-attributable.			Yes

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).	

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