

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000043578Submit Date:2018-02-26FRN:0014337364Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:03/01/2018Filing Status:Active

Section I - General Information

1. Respondent

FRN	Entity Name
0014337364	MAPALE LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1800 NW 94th Avenue	Doral	FL	33172	+1 (305) 860- 2544	hmpanero@caracoltv. com.co

2. Contact Representative

Name	Organization
Stephen Hartzell	Brooks, Pierce et al.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
150 Fayetteville	Raleigh	NC	27601	+1 (919) 839- 0300	shartzell@brookspierce. com
Street Suite 1700					

3. Application Filing Fee

Question	Response	
Is this application being submitted without a filing fee?	No	

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	Limited liability company	

(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
MAPALE LLC	0014337364

Fac. ID No.	Call Sign	City	State	Service
27387	WGEN-TV	KEY WEST	FL	DTV
168060	WGEN-LD	MIAMI	FL	LPD

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.

Document Information		
Description of contract or instrument	Articles of Organization	
Parties to contract or instrument	State of Delaware	
Date of execution	11/2005	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Articles of Organization	

Document Information		
Description of contract or instrument	Operating Agreement	
Parties to contract or instrument	State of Delaware	
Date of execution	11/2005	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Operating Agreement	

Document Information		
Description of contract or instrument	Azteca America Network Affiliation Agreement	
Parties to contract or instrument	Azteca America Corporation	
Date of execution	11/2016	
Date of expiration	10/2017	
Agreement type (check all that apply)	Network Affiliation Agreement	

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	0014337364	
Entity Name	MAPALE LLC	
Address	PO Box	
	Street 1	1800 NW 94th Avenue
	Street 2	
	City	Doral
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33172

	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
	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	No

Ownership Information			
FRN	0014337331		
Entity Name	CUMBIA ENTERTAINMENT LLC		
Address	PO Box		
	Street 1	1800 NW 94th Avenue	
	Street 2		
	City	Doral	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33172	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member		
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)		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	or more broadcast stations	No

FRN	0014337240
Name	ALEJANDRO SANTO DOMINGO

24th Flo New Yo n-U.S. NY 10022 J.S. United S	ork	
New Yo n-U.S. NY 10022 J.S.	ork	
n-U.S. NY 10022 J.S. United S		
10022 J.S. United S	States	
J.S. United S	States	
	States	
der		
Other Interest Holder		
her - Manager		
US		
Male	Male	
Hispanio	Hispanic or Latino	
White	White	
0.0%		Jointly Held? No
0.0%		
	0.0%	

FRN	0019342898	
Name	Andres Santo Domingo	
Address	PO Box	
	Street 1	499 Park Avenue
	Street 2	24th Floor
	City	New York
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	10022
	Country (if non-U.S. address)	United States
Listing 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	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)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information

FRN	0019342864	0019342864	
Name	Carlos Alejandro Perez		
Address	PO Box		
	Street 1	499 Park Avenue	
	Street 2	24th Floor	
	City	New York	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10022	
	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	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)		

that do not appear on this report?

FRN	0019342823	
Name	Robert K. Hamshaw	
Address	PO Box	

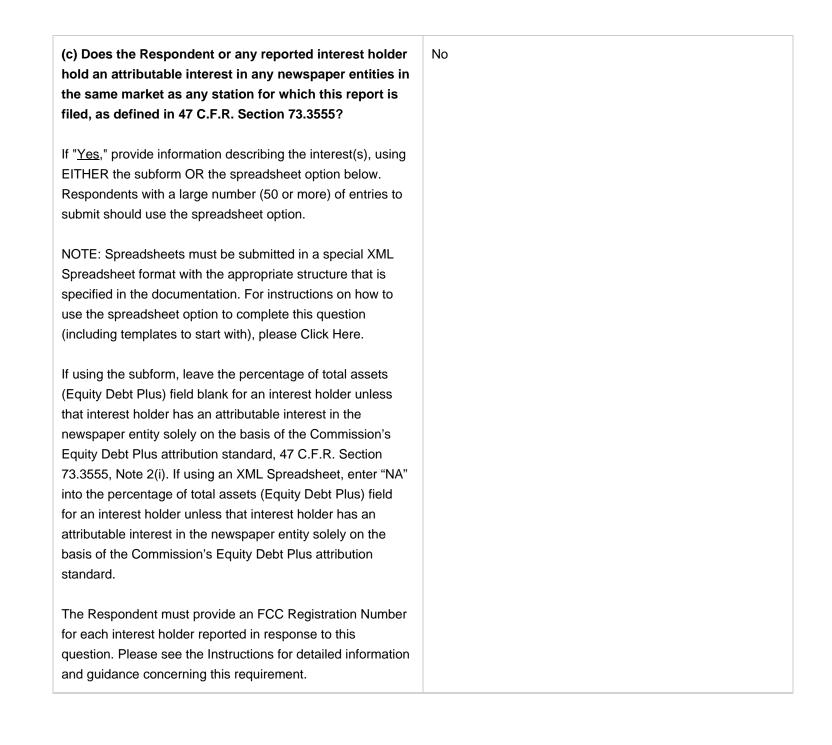
	Street 1	499 Park Avenue	
	Street 2	24th Floor	
	City	New York	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10022	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		
Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US	
	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information FRN 0019342880 Julio Mario Santo Domingo Rechulsky Name Address **PO Box** Street 1 499 Park Avenue Street 2 24th Floor City New York State ("NA" if non-U.S. NY address) **Zip/Postal Code** 10022 Country (if non-U.S. **United States** address) Listing Type Other Interest Holder **Positional Interests** Director (check all that apply) Citizenship, Gender, US Citizenship Ethnicity, and Race Gender Male Information (Natural Persons Only) Hispanic or Latino Ethnicity

	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)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	0019342088		
Name	Rosa Emilia Fonseca		
Address	PO Box		
	Street 1	Calle 103 No. 69B-43	
	Street 2		
	City	Bogota	
	Province/Region	Colombia	
	Zip/Postal Code	00000	
	Country (if non-U.S. address)	Colombia	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
Citizenship, Gender,	Citizenship	СО	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	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)		
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			

(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 Yes or related to each other as parentchild or as siblings?

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

Family Relationships	onships		
FRN	0014337240	Name	ALEJANDRO SANTO DOMINGO
FRN	0019342898	Name	Andres Santo Domingo
Relationship	Siblings		

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.

File Name	Uploaded By	Attachment Type	Description
Mapale Organizational Chart.pdf	Applicant	Ownership Chart	Organizational Chart

Section III - 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 and Supervising Manager Exact Legal Title or Name of Respondent: Mapale LLC Name: Alejandro Santo Domingo Phone: 3058602544 02/25/2018