

Not Applicable

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

 File Number:
 0000049239
 Submit Date:
 2018-04-02
 FRN:
 0025098385

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 04/02/2018

 Filing Status:
 Active
 Status:
 Received
 Status Date:
 04/02/2018

## **Section I - General Information**

### 1. Respondent

 FRN
 Entity Name

 0022426050
 One Media, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
506 North Pine	Pittsburg	KS	66762	+1 (620) 704- 1986	paulcoates2@gmail. com

#### 2. Contact Representative

Name	Organization
Frank R. Jazzo, Esq.	Fletcher, Heald & Hildreth, PLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N 17th Street Suite 1100	Arlington	VA	22209	+1 (703) 812-0400	jazzo@fhhlaw.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	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
Bluff City Radio, LLC	0025098385

Fac. ID No.	Call Sign	City	State	Service
4127	KTRN	WHITE HALL	AR	FM
190416	КТРВ	ALTHEIMER	AR	FM
190417	KHUC	PINE BLUFF	AR	FM
190418	КРВА	PINE BLUFF	AR	FM

#### Section II – Biennial Ownership Information

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all 1.47 C.F.R. 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 Section 73.3613 report. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be and Other disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an **Documents** 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. (a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by 2. Ownership generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent Interests 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** FI

FRN	0022426050		
Entity Name	One Media, Inc.		
Address	PO Box		
	Street 1	506 North Pine	
	Street 2		
	City	Pittsburg	
	State ("NA" if non-U.S. address)	KS	

	Zip/Postal Code	66762	
	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	an attributable interest in one c	or more broadcast stations	No

Ownership Information					
FRN	0027303528	0027303528			
Name	Nancy G. Miller				
Address	PO Box				
	Street 1	506 North Pine			
	Street 2				
	City	Pittsburg	Pittsburg		
	State ("NA" if non-U.S. address)	KS			
	Zip/Postal Code	66762			
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder	Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer, Director, Stockholder	Officer, Director, Stockholder			
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	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	0027303510			
Name	Russell Petty			
Address	PO Box			
	Street 1	506 North Pine		
	Street 2			
	City	Pittsburg		
	State ("NA" if non-U.S. address)	KS		
	Zip/Postal Code	66762		
	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 Not Hispanic or Latino		
Persons Only)	Ethnicity			
	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 a that do not appear on this r	n attributable interest in one o eport?	r more broadcast stations	Yes	
(b) Respondent certifies that any interests, including equity, financial, or votingYesinterests, 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.

Certificatio	n

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>Owner</b> Exact Legal Title or Name of Respondent: <b>One</b> <b>Media, Inc.</b> Name: <b>Nancy G Miller</b> Phone: <b>8152233100</b> 04/02/2018