

FRN

Suite B

Not Applicable

Amendment to a Non-Commercial Broadcast Stations Biennial Ownership Report

File Number: 0000043609 Submit Date: 2018-02-26 FRN: 0005079751

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report AmendmentStatus: ReceivedStatus Date:02/26/2018Filing Status: Active

Section I - General Information

1. Respondent

Entity Name

0005079751 Goforth Media		a, Inc.				
Street Address	City (and Count address)	ry if non U.S.	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
6530 Spanish	Spanish Fort		AL	36527	+1 (251) 473- 8488	WILBUR@GOFORTH.
Fort Blvd.,						

2. Contact Representative

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

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

3. Application Filing Fee

4.	Control of
Re	espondent

Relationship to stations/permits	Licensee	
s the Respondent's governing be ndirectly under the control of an	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	Update address.	

5. Licensee(s) and Station(s)

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

Licensee/Permittee N	lame	FRN	FRN	
Goforth Media, Inc.		0005079751		
Fac. ID No.	Call Sign	City	State	Service
24452	WBHY-FM	MOBILE	AL	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.

Document Information				
Description of contract or instrument	Restated Articles of Incorporation			
Parties to contract or instrument	State of Alabama			
Date of execution	05/1987			
Date of expiration	No expiration date			
Agreement type (check all that apply)	Other Agreement Type: Restated Articles of Incorporation			

Document Information			
Description of contract or instrument	Bylaws		
Parties to contract or instrument	Members and Directors of Goforth Media, Inc.		
Date of execution	02/1986		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Bylaws		

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	0005079751			
Entity Name	Goforth Media, Inc.			
Address	PO Box			
	Street 1	6530 Spanish Fort Blvd., Suite	B	
	Street 2			
	City	Spanish Fort		
	State ("NA" if non-U.S. address)	AL		
	Zip/Postal Code	36527		
	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	Voting	0.0%		
(enter percentage values 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 No that do not appear on this report?			

Ownership Information

Ownership Information				
FRN	0027234889			
Name	Robert Barber			
Address	PO Box			
	Street 1	10705 Pine Road		
	Street 2			
	City	Grand Bay		
	State ("NA" if non-U.S. address)	AL		
	Zip/Postal Code	36541		
	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	Not Applicable			
Citizenship, Gender, Ethnicity, and Race Information (Natural	Citizenship	US		
	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	33.3%		
(enter percentage values 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 No				

that do not appear on this report?

Ownership Information			
FRN	0019279496		
Name	Wilbur Goforth		
Address	PO Box		
	Street 1	101 Buena Vista Circle	
	Street 2		
	City	Daphne	
	State ("NA" if non-U.S. address)	AL	
	Zip/Postal Code	36526	
	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	Not Applicable		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	33.3%	
(enter percentage values 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 Yes that do not appear on this report?			

FRN	0019279819		
Name	Jane Goforth		
Address	PO Box		
	Street 1	101 Buena Vista Circle	
	Street 2		
	City	Daphne	
	State ("NA" if non-U.S. address)	AL	
	Zip/Postal Code	36526	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Broadcaster		
By Whom Appointed or Elected	Not Applicable		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	33.3%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or mon that do not appear on this report?		r more broadcast stations	Yes

interests, not reported in this filing are non-attributable.

If "No," submit as an exhibit an explanation.

(c) 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.

3. Organizational Chart (Licensees Only)

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.

No

Non-Licensee Respondents should select "N/A" in response to this question.

Licensee has no parent entities.

Section III - Certification

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 Exact Legal Title or Name of Respondent: Goforth Media, Inc. Name: Wilbur Goforth Phone: 2513003130 02/26/2018