

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

 File Number:
 0000046621
 Submit Date:
 2018-03-02
 FRN:
 0010370757

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 03/02/2018

 Filing Status:
 Active
 Status:
 Status
 Status Date:
 03/02/2018

### **Section I - General Information**

### 1. Respondent

| FRN        | Entity Name                 |  |
|------------|-----------------------------|--|
| 0010370757 | Intrepid Broadcasting, Inc. |  |

| Street<br>Address | City (and Country if non U.S.<br>address) | State ("NA" if non-U.S.<br>address) | Zip<br>Code | Phone                 | Email            |
|-------------------|---|-------------------------------------|-------------|-----------------------|------------------|
| P.O. Box<br>436   | State College                             | PA                                  | 16804       | +1 (814) 272-<br>1320 | mms@penn.<br>com |

### 2. Contact Representative

| I/C | pre | -96 | πα |  |
|-----|-----|-----|----|--|
|     |     |     |    |  |
|     |     |     |    |  |

| Name                |  | Organization                    |          |  |  |
|---------------------|--|---------------------------------|----------|--|--|
| Dan J. Alpert       |  | The Law Office of Dan J. Alpert |          |  |  |
|                     |  |                                 |          |  |  |
| Cture of Aslahus on |  | State 7in Code Dha              | ne Emeil |  |  |

| Street Address     | City (and Country if non U.S. address) | State | Zip Code | Phone             | Email          |
|--------------------|--|-------|----------|-------------------|----------------|
| 2120 21st Rd.<br>N | Arlington                              | VA    | 22201    | +1 (703) 243-8690 | dja@commlaw.tv |

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<br>and resubmitting a prior biennial ownership report, this<br>date must be Oct. 1 of the year in which this report is<br>filed. |

| Licensee/Permittee Name     |           | FRN         |  |       |         |
|-----------------------------|-----------|-------------|--|-------|---------|
| Radioactive, LLC 0011340478 |           |             |  |       |         |
|                             |           |             |  |       |         |
| Fac. ID No.                 | Call Sign | City        |  | State | Service |
| 164250                      | WBLH      | BLACK RIVER |  | NY    | FM      |

## Section II – Biennial Ownership Information

| 1. 47 C.F.R.<br>Section 73.3613<br>and Other<br>Documents | contracts and other instruments<br>report. In addition, attributable L<br>disclosed by the licensee of the<br>attributable JSA, or a network at<br>Respondents, as well as License   | old authorizations for one or more full power television, AM, and/or FM stations should list all<br>hts set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this<br>e Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be<br>he brokering station on its ownership report. If the agreement is an attributable LMA, an<br>a affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee<br>nsee Respondents that only hold authorizations for Class A television and/or low power television<br>pplicable" in response to this question. |  |  |  |  |
|---|--|--|--|--|--|--|
|   | Not Applicable.  |  |  |  |  |  |
| Interests   | generating a series of subforms,<br>itself. If the Respondent is not a<br>non-insulated members, and an<br>standards set forth in 47 C.F.R.  | enter detailed information about ownership interests by<br>subform. The first subform listing should be for the Respondent<br>the officers, directors, stockholders, non-insulated partners,<br>a direct attributable interest in the Respondent pursuant to the<br>rest is one that is not held through any intervening companies<br>erest 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. |  |  |  |
|   | In the case of vertical or indirect attributable interest in the Licens  | hose interests in the Respondent that also represent an ng submitted.  |  |  |  |  |
|   | Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file<br>reparate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have<br>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.<br>Please see the Instructions for detailed information and guidance concerning this requirement.   |  |  |  |  |  |
|   | Ownership Information  |  |  |  |  |  |
|   | FRN  | 0010370757   |  |  |  |  |
|   | Entity Name  | Intrepid Broadcasting, Inc.  |  |  |  |  |
|   | Address  | PO Box   |  |  |  |  |
|   |  | Street 1   | P.O. Box 436   |  |  |  |
|   |  | Street 2   |  |  |  |  |
|   |  | City   | State College  |  |  |  |
|   |  | State ("NA" if non-U.S.<br>address)  | PA   |  |  |  |
|   |  | Zip/Postal Code  | 16804  |  |  |  |
|   |  | Country (if non-U.S.<br>address)   | United States  |  |  |  |
|   | Listing Type   | Respondent   |  |  |  |  |

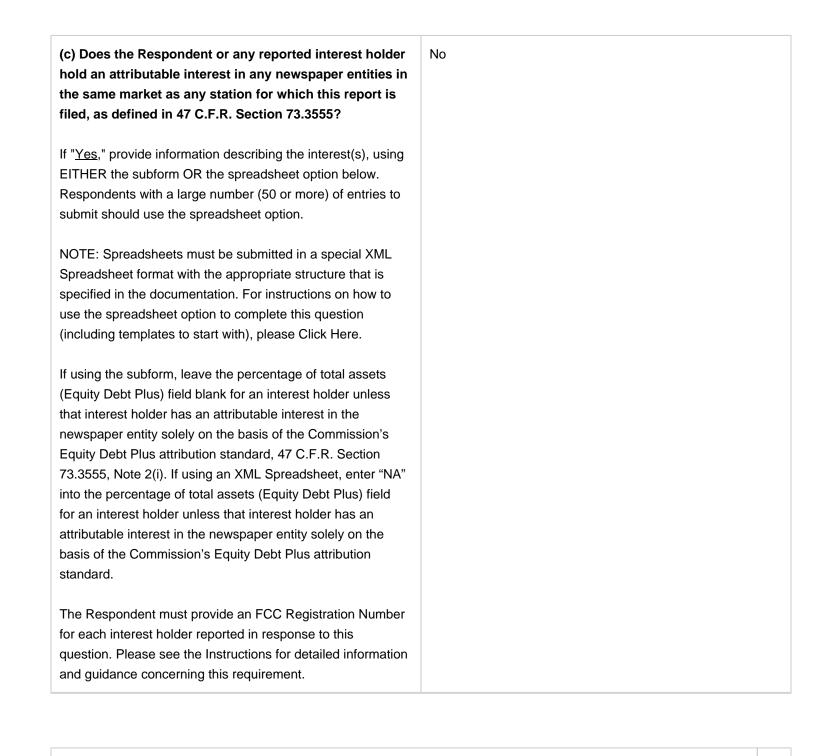
| <b>Positional Interests</b><br>(check all that apply) | Respondent  |                           |                     |  |
|---|---|---------------------------|---------------------|--|
| Tribal Nation or Tribal<br>Entity                     | Interest holder is not a Tribal nation or Tribal entity |                           |                     |  |
| Interest Percentages<br>(enter percentage values      | Voting  | 0.0%                      | Jointly Held?<br>No |  |
| from 0.0 to 100.0)                                    | Equity  | 0.0%                      |                     |  |
|   | Total assets (Equity Debt<br>Plus)                      | 0.0%                      |                     |  |
| Does interest holder have that do not appear on this  | an attributable interest in one o report?               | r more broadcast stations | No                  |  |

#### **Ownership Information**

| FRN   | 0020022869                          | 0020022869             |                     |  |  |
|---|-------------------------------------|------------------------|---------------------|--|--|
| Name  | MICHAEL M. STAPLEFORD               | MICHAEL M. STAPLEFORD  |                     |  |  |
| Address   | PO Box                              |                        |                     |  |  |
|   | Street 1                            | 158 Bergman Blvd.      |                     |  |  |
|   | Street 2                            |                        |                     |  |  |
|   | City                                | State College          | State College       |  |  |
|   | State ("NA" if non-U.S.<br>address) | PA                     |                     |  |  |
|   | Zip/Postal Code                     | 16803                  | 16803               |  |  |
|   | Country (if non-U.S.<br>address)    | United States          |                     |  |  |
| Listing Type  | Other Interest Holder               |                        |                     |  |  |
| <b>Positional Interests</b><br>(check all that apply)   | Officer, Director, Stockholder      |                        |                     |  |  |
| Citizenship, Gender,  | Citizenship                         | US                     |                     |  |  |
| Ethnicity, and Race<br>Information (Natural   | Gender                              | Male                   |                     |  |  |
| Persons Only)   | Ethnicity                           | Not Hispanic or Latino |                     |  |  |
|   | Race                                | White                  |                     |  |  |
| Interest Percentages<br>(enter percentage values  | Voting                              | 100.0%                 | Jointly Held?<br>No |  |  |
| from 0.0 to 100.0)  | Equity                              | 100.0%                 |                     |  |  |
|   | Total assets (Equity Debt<br>Plus)  | 0.0%                   |                     |  |  |
| Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report? |                                     |                        |                     |  |  |

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 withNoduties 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.

### Certification

| Section                  | Question   | Response |
|--------------------------|--|----------|
| Authorized Party to Sign | WILLFUL FALSE STATEMENTS ON<br>THIS FORM ARE PUNISHABLE BY<br>FINE AND/OR IMPRISONMENT (U.S.<br>CODE, TITLE 18, SECTION 1001), AND<br>/OR REVOCATION OF ANY STATION<br>LICENSEOR CONSTRUCTION<br>PERMIT (U.S. CODE, TITLE 47,<br>SECTION 312(a)(1)), AND/OR<br>FORFEITURE (U.S. CODE, TITLE 47,<br>SECTION 503). |          |

| Certification | I certify that I have examined this report<br>and that to the best of my knowledge and<br>belief, all statements in this report are<br>true, correct and complete. | Official Title: <b>President</b><br>Exact Legal Title or Name of Respondent:<br><b>Intrepid Broadcasting, Inc.</b><br>Name: <b>Michael M Stapleford</b><br>Phone: <b>8142721320</b><br>03/02/2018 |
|---------------|--|---|
|               |  |   |