

### (REFERENCE COPY - Not for submission)

FRN

Not Applicable

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

File Number:0000047487Submit Date:2018-03-02FRN:0020907150Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:Status: Date:03/02/2018Filing Status:ActiveStatus:ActiveStatus:Status:

# **Section I - General Information**

### 1. Respondent

# Entity Name

0008310955		Univision Texa	exas Stations, LLC				
Street Address	City (and Count address)	ry if non U.S.	State ("NA" if non-U.S. address)	Zip Code	Phone	Email	
5999 CENTER DRIVE	LOS ANGELES		CA	90045- 8901	+1 (310) 348- 3600	cwood@univision. net	

### 2. Contact Representative

Name	Organization
Mace J. Rosenstein	Covington & Burling LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
One CityCenter 850 Tenth Street, NW	Washington	DC	20001- 4956	+1 (202) 662- 5460	mrosenstein@cov. 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.

5. Licensee(s) and Station(s)

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

Licensee/Permittee	e Name	FRN	FRN		
KXLN License Part	nership, L.P.	0008192015	0008192015		
Fac. ID No.	c. ID No. Call Sign City		State	Service	
53847	KXLN-DT	ROSENBERG	ТХ	DTV	
Licensee/Permittee	e Name	FRN			
KWEX License Partnership, L.P.			0007997562		
Fac. ID No.	Call Sign	City	State	Service	
35881	KWEX-DT	SAN ANTONIO	ТХ	DTV	
Licensee/Permittee Name FRN					
KAKW License Par	tnership, L.P.	0008192122	0008192122		
Fac. ID No.	Call Sign	City	State	Service	
148	KAKW-DT	KILLEEN	ТХ	DTV	
35882	KTFO-CD	AUSTIN	ТХ	DC	
Licensee/Permittee	e Name		FRN		
KUVN License Part	tnership, L.P.		0007997810	0007997810	
Fac. ID No.	Call Sign	City	State	Service	
5319	KUVN-CD	FORT WORTH	ТХ	DC	
35841	KUVN-DT	GARLAND	ТХ	DTV	

### 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					
FRN	0008310955	0008310955			
Entity Name	Univision Texas Stations, LLC	Univision Texas Stations, LLC			
Address	PO Box				
	Street 1	5999 CENTER DRIVE			
	Street 2				
	City	LOS ANGELES	LOS ANGELES		
	State ("NA" if non-U.S. address)	CA			
	Zip/Postal Code	90045-8901			
	Country (if non-U.S. address)	United States			
Listing Type	Respondent				
Positional Interests (check all that apply)	Respondent	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 report?	or more broadcast stations	No		

**Ownership Information** 

#### **Ownership Information**

FRN	0024830895		
Name	Francisco J. Lopez- Balboa		
Address	PO Box		
	Street 1	605 THIRD AVENUE	
	Street 2	12TH FLOOR	
	City	NEW YORK	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10158	
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	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer, 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	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	more broadcast stations	Yes		

**Ownership Information** 

that do not appear on this report?

ownership Information				
FRN	2130006675			
Name	Margaret Lazo			
Address	PO Box			
	Street 1	605 THIRD AVENUE		
	Street 2	12TH FLOOR		
	City	NEW YORK		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	10158-0180		
	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	Female		
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)	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	0001531441			
Entity Name	Univision Television Group, Inc.			
Address	PO Box			
	Street 1	5999 CENTER DRIVE		
	Street 2			
	City	LOS ANGELES		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	90045-8901		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Owner			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal n	ation 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)	100.0%		
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?				

### Ownership Information

Ownership Information			
FRN	0023002363		
Name	Jonathan Schwartz		
Address	PO Box		
	Street 1	605 THIRD AVENUE	
	Street 2	12TH FLOOR	
	City	NEW YORK	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10158	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		

Positional Interests (check all that apply)	Officer, Director		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	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)	0.0%	
Does interest holder have	an attributable interest in one o	r more broadcast stations	Yes

that do not appear on this report?

Ownership Information			
FRN	2130006741		
Name	Randel A. Falco		
Address	PO Box		
	Street 1	605 THIRD AVENUE	
	Street 2	12TH FLOOR	
	City	NEW YORK	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10158-0180	
	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%	
Does interest holder have	an attributable interest in one c	r more broadcast stations	Yes

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?

FRN	0019771013		
Name	Shawn McCann		
Address	PO Box		
	Street 1	500 Frank W. Burr Blvd. Suite	19
	Street 2		
	City	Teaneck	
	State ("NA" if non-U.S. address)	NJ	
	Zip/Postal Code	07666	
	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%	
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	0020002374	
Name	Peter H. Lori	
Address	PO Box	
	Street 1	605 THIRD AVENUE
	Street 2	12TH FLOOR
	City	NEW YORK
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	10158
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Officer, Director	

Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	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)	0.0%	
Does interest holder have a that do not appear on this re	n attributable interest in one o eport?	r more broadcast stations	Yes

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.	Yes
If "No," submit as an exhibit an explanation.	

(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in the same market as any station for which this report is filed, as defined in 47 C.F.R. Section 73.3555?	No
If " <u>Yes</u> ," provide information describing the interest(s), using	
EITHER the subform OR the spreadsheet option below.	
Respondents with a large number (50 or more) of entries to	
submit should use the spreadsheet option.	
NOTE: Spreadsheets must be submitted in a special XML	
Spreadsheet format with the appropriate structure that is	
specified in the documentation. For instructions on how to	
use the spreadsheet option to complete this question	
(including templates to start with), please Click Here.	
If using the subform, 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	
newspaper entity solely on the basis of the Commission's	
Equity Debt Plus attribution standard, 47 C.F.R. Section	
73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA"	
into the percentage of total assets (Equity Debt Plus) field	
for an interest holder unless that interest holder has an	
attributable interest in the newspaper entity solely on the	
basis of the Commission's Equity Debt Plus attribution	
standard.	
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.	

(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<br/>duties wholly unrelated to the Licensee(s)?NoIf "Yes," complete the information in the required fields and submit an Exhibit fully describing<br/>that individual's duties and responsibilities, and explaining why that individual should not be<br/>attributed an interest.No

### 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: <b>SVP ASSOC GEN COUN GOV</b> <b>AND REG AFF</b> Exact Legal Title or Name of Respondent: <b>Univision Texas Stations LLC</b> Name: <b>Christopher G. Wood</b> Phone: <b>3103483696</b> 03/02/2018