

Commercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323)

 File Number:
 0000054689
 Submit Date:
 2018-05-30
 FRN:
 0023642481

 Purpose:
 Commercial Broadcast Stations Non-Biennial Ownership Report
 Status:
 Received
 Status Date:

 05/30/2018
 Filing Status:
 Active
 Status:
 Status:
 Status:

Section I - General Information

1. Respondent

FRN	Entity Name
0023642481	SMASH Hit Media, Inc.

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 9	Cissna Park	IL	60924	+1 (815) 383- 3882	swoodworth@edingerlaw. net

Organization

Edinger Associates PLLC

2. Contact Representativ

presentative Scott V	Woodworth
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Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1875 I Street, NW Suite 500	Washington	DC	20006	+1 (202) 747- 1694	swoodworth@edingerlaw. net

3. Application Filing Fee

Not Applicable

Name

4. Nature of Respondent

(a) Provide the following information about the Respondent:			
Relationship to stations/permits Licensee			
Nature of Respondent	For-profit corporation		

(b) Provide the following information about this report:

Purpose	Transfer of control or assignment of license/permit
"As of" date	05/30/2018 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.

Licensee/Permittee Name			FRN		
SMASH Hit Media, Inc.		0023642481			
Fac. ID No.	Call Sign	City		State	Service
53122	WEXG	FARMER CITY		IL	FM
164237	WIQI	WATSEKA		IL	FM

Section II – Non-Biennial Ownership Information

Licensee/Permittee Respondents should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) 1.47 C.F.R. through (c) for the facility or facilities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and Section 73.3613 attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If and Other the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Documents Otherwise, select "Other." Non-Licensee/Permittee Respondents 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) or Permittee(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) or Permittee(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** 0023642481 FRN **Entity Name** SMASH Hit Media, Inc. 9 Address **PO Box** Street 1 Street 2 City Cissna Park IL State ("NA" if non-U.S. address) **Zip/Postal Code** 60924 Country (if non-U.S. United States

address)

Respondent

Listing Type

Positional Interests (check all that apply)	Respondent		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	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?			No

Ownership Information

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FRN	0020147609			
Name	Joe Young			
Address	PO Box			
	Street 1	912 S. Dixie Highway		
	Street 2			
	City	Hoopeston		
	State ("NA" if non-U.S. address)	IL		
	Zip/Postal Code	60942		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, Owner			
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	100.0%		
Does interest holder have an that do not appear on this re	attributable interest in one or port?	more broadcast stations	Yes	
(b) Respondent certifies that	(b) Respondent certifies that any interests including equity financial or voting			

(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 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: President Exact Legal Title or Name of Respondent: President Name: Joe Young Phone: 8153833882 05/30/2018