

FRN

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

File Number: 0000059254Submit Date: 2018-08-29FRN: 0026907360Purpose: Commercial Broadcast Stations Non-Biennial Ownership ReportStatus: ReceivedStatus Date:08/29/2018Filing Status: Active

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

#### 1. Respondent

Entity Name

0026907360	HC2 Broadcasting Holdings Inc.

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
450 Park Avenue 30th Floor	New York	NY	10022	+1 (212) 339-5165	rhanson@hc2broadcasting. com

#### 2. Contact Representative

Name	Organization	
Rebecca Hanson	HC2 Broadcasting Holdings Inc.	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
450 Park Avenue 30th Floor	New York	NY	10022	+1 (212) 339- 5165	rhanson@hc2broadcasting. com

#### 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	Transfer of control or assignment of license/permit	
"As of" date	08/03/2018	
	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.	

5. Licensee(s) /Permittees(s) and Station(s) /Permit(s)

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

Licensee/Permittee	censee/Permittee Name			FRN		
HC2 Station Group	, Inc.	0026907345	0026907345			
Fac. ID No.	Call Sign	City	State	Service		
17433	KAZD	LAKE DALLAS	ТХ	DTV		
31870	KYAZ	КАТҮ	ТХ	DTV		
34440	KEMO-TV	SANTA ROSA	CA	DTV		

#### Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents Licensee/Permittee Respondents 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. In addition, attributable Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If the agreement is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee/Permittee Respondents should select "Not Applicable" in response to this question.

Not Applicable.

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#### 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, 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			
FRN	0026907360		
Entity Name	HC2 Broadcasting Holdings Inc.		
Address PO Box			
	Street 1	450 Park Avenue	
	Street 2	30th Floor	
	City	New York	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10022	
	Country (if non-U.S. address)	United States	

Listing Type	Respondent		
<b>Positional Interests</b> (check all that apply)	Respondent		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations			Yes

#### **Ownership Information**

504				
FRN	0026907386			
Entity Name	HC2 Holdings 2, Inc.			
Address	PO Box			
	Street 1	450 Park Avenue		
	Street 2	30th Floor		
	City	New York		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	10022		
	Country (if non-U.S.United Stateaddress)		nited States	
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Stockholder			
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 a that do not appear on this r	t holder have an attributable interest in one or more broadcast stations Yes ppear on this report?			

#### **Ownership Information**

FRN	0017239237				
Name	Philip A. Falcone				
Address	PO Box				
	Street 1	450 Park Avenue			
	Street 2	30th Floor			
	City	New York			
	State ("NA" if non-U.S. address)	NY			
	Zip/Postal Code	10022			

	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder Officer, Director			
Positional Interests (check all that apply)				
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one or report?	or more broadcast stations	Yes	

#### **Ownership Information** FRN 9990133359 Name Les Levi Address **PO Box** Street 1 450 Park Avenue Street 2 30th Floor City New York NY State ("NA" if non-U.S. address) 10022 **Zip/Postal Code** Country (if non-U.S. **United States** address) Listing Type Other Interest Holder **Positional Interests** Officer (check all that apply) 0.0% Interest Percentages Voting **Jointly Held?** (enter percentage values No from 0.0 to 100.0) Total assets (Equity Debt 0.0% Plus) Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?

#### **Ownership Information**

FRN	9990134040	
Name	Ivan Minkov	
Address	PO Box	
	Street 1	450 Park Avenue
	Street 2	30th Floor
	City	New York
	State ("NA" if non-U.S. address)	NY

	Zip/Postal Code	10022	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer		
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?		r more broadcast stations	Yes

Ownership Information			
FRN	9990133365		
Name	Jeanne Rouleau		
Address	PO Box		
	Street 1	450 Park Avenue	
	Street 2	30th Floor	
	City	New York	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10022	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
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 Yes that do not appear on this report?		

#### **Ownership Information**

FRN	9990133362	
Name	Michael Sena	
Address	PO Box	
	Street 1	450 Park Avenue
	Street 2	30th Floor
	City	New York

	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10022	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer, Director		
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one c	r more broadcast stations	Yes

Ownership Information				
FRN	0027794148			
Name	Rebecca Hanson	Rebecca Hanson		
Address	PO Box			
	Street 1	450 Park Avenue		
	Street 2	30th Floor		
	City	New York		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	10022		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer			
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No	
	Total assets (Equity Debt0.0%Plus)			
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		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.



(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.

Certif	ication

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>Chief Financial Officer</b> Exact Legal Title or Name of Respondent: <b>Ivan</b> <b>P. Minkov</b> Name: <b>Ivan P. Minkov</b> Phone: <b>2123395165</b> 08/29/2018
		00/23/2010