

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

 File Number:
 0000067295
 Submit Date:
 2019-01-28
 FRN:
 0004989703

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

 01/28/2019
 Filing Status:
 Active
 Status:
 Status:
 Status:

Section I - General Information

1. Respondent

 FRN
 Entity Name

 0004989703
 Radio Fiesta, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
530 East Alverdez Avenue	Clewiston	FL	33440	+1 (561) 625- 5900	jim@gladesmedia. com

2. Contact Representative

Name	Organization
Joseph A. Belisle, III.	Belisle Law firm PA

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 970620	Miami	FL	33197	+1 (305) 978-7675	joe@belislelaw.com

3. Application Filing Fee

Not Applicable

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	01/14/2019
	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		
Radio Fiesta, Inc.			00049897)3	
Fac. ID No.	Call Sign	City		State	Service
24461	WWRF	LAKE WORTH		FL	AM
201433	W234DA	WEST PALM BEACH		FL	FX

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.

Document Information		
Description of contract or instrument	Articles of Incorporation	
Parties to contract or instrument	Florida	
Date of execution	10/1998	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation	

Document Information		
Description of contract or instrument	Bylaws	
Parties to contract or instrument	Shareholders	
Date of execution	10/1998	
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, 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	0004989703	0004989703			
Entity Name	Radio Fiesta, Inc.	Radio Fiesta, Inc.			
Address	PO Box				
	Street 1	530 East Alverdez Avenue			
	Street 2				
	City	Clewiston	Clewiston		
	State ("NA" if non-U.S. address)	FL			
	Zip/Postal Code	33440			
	Country (if non-U.S. address)	United States			
Listing Type	Respondent				
Positional Interests (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 No that do not appear on this report?					

Ownership Information				
FRN	0020017240			
Entity Name	James M. Johnson Living Trust			
Address	PO Box			
	Street 1	10144 Seagrape Way		
	Street 2			
	City	Palm Beach Gardens		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	33418		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Stockholder			
Interest Percentages (enter percentage values	Voting	50.0%	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 mor		more broadcast stations	Yes

that do not appear on this report?

Ownership Information				
FRN	0020017315	0020017315		
Entity Name	Robert L. Castellanos Living	Robert L. Castellanos Living Trust		
Address	PO Box			
	Street 1	234 west Circle Drive		
	Street 2			
	City	Clewiston		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	33440		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder	Stockholder		
Interest Percentages (enter percentage values	Voting	50.0%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	50.0%		
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?			Yes	

Ownership Information

FRN	0007719107	
Name	Robert L. Castellanos	
Address	PO Box	
	Street 1	234 West Circle Drive
	Street 2	
	City	Clewiston
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	33440
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Director	

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 that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes

FRN	0012584553		
Name	James M. Johnson		
Address	PO Box		
	Street 1	10144 Seagrape Way	
	Street 2		
	City	Palm Beach Gardens	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33418	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
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 that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes
	nat any interests, including equi	ty, financial, or voting	Yes



(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: President Exact Legal Title or Name of Respondent: Radio Fiesta Inc. Name: James M Johnson Phone: 6516255900 01/27/2019