

FRN

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

 File Number:
 0000068022
 Submit Date:
 2019-02-25
 FRN:
 0001807494

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

 02/25/2019
 Filing Status:
 Active
 Status:
 Status:
 Status:

Section I - General Information

1. Respondent

Entity Name

0001807494 A		Alpine Broadca	Alpine Broadcasting Corporation				
Street Address	City (and Count address)	ry if non U.S.	State ("NA" if non-U.S. address)	Zip Code	Phone	Email	
11800 Tamiami Trail East	Naples		FL	34113	+1 (239) 793- 1011	donnaalpert@icloud. com	

2. Contact Representative

Name	Organization	
Larry D. Perry, ESQ.	Attorney	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
11464 Saga Lane	Knoxville	TN	37931	+1 (865) 927-8474	larryperry@att.net

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	02/15/2019
	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.

and	Station(s)
/Per	mit(s)

Licensee/Permittee Name		F	FRN		
Alpine Broadcasting Corporation			0001807494		
Fac. ID No.	Call Sign	City	State	Service	
1154	WAVV	NAPLES PARK	FL	FM	

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents	through (c) for the facility or facil attributable Joint Sales Agreement the agreement is an attributable	ities listed on this report. In additents (JSAs) must be disclosed by LMA, an attributable JSA, or a n	her instruments set forth in 47 C.F.R. Section 73.3613(a) tion, attributable Local Marketing Agreements (LMAs) and y the licensee of the brokering station on its ownership report. If network affiliation agreement, check the appropriate box. s should select "Not Applicable" in response to this question.		
2. Ownership Interests (a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests generating a series of subforms. Answer each question on each subform. The first subform listing should be for the itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent purs standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening 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 ho attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution sta Section 73.3555, Note 2(i).				
	In the case of vertical or indirect attributable interest in the Licens		nose interests in the Respondent that also represent an he report is being submitted.		
	Entities that are part of an organizational structure that includes holding companies or other forms of in separate ownership reports. In such a structure do not report, or file a separate report for, any interest 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	0001807494			
	Entity Name Alpine Broadcasting Corporation				
	Address	PO Box			
		Street 1	11800 Tamiami Trail East		
		Street 2			
		City	Naples		
		State ("NA" if non-U.S. address)	FL		
		Zip/Postal Code	34113		
		Country (if non-U.S. address)	United States		
	Listing Type	Respondent			
	Positional Interests (check all that apply)	Respondent			

Interest Percentages (enter percentage values from 0.0 to 100.0)	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 report?	r more broadcast stations	No	

FRN	9990135553			
FKN	9990133333	9990132223		
Name	Donna Alpert	Donna Alpert		
Address	PO Box			
	Street 1	217 Bayfront Dr.		
	Street 2			
	City	Bonita Springs		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	34134		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Other - Co-Personal F	Officer, Other - Co-Personal Representative of Estate of Norman Alpert		
Interest Percentages (enter percentage values	Voting	45.0%	Jointly Held? No	
om 0.0 to 100.0)	Total assets (Equity Debt Plus)	45.0%		
Doos interest holder have	an attributable interest in one o	r mara bradaast stations	No	

Ownership Information

ownership information			
FRN	9990135554		
Name	Laura Lee Lamparyk		
Address	PO Box		
	Street 1	544 Caarpenter Court	
	Street 2		
	City	NAPLES	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	34110	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		

Positional Interests (check all that apply)	Other - Co-Personal Representative of Estate of Norman Alpert			
Interest Percentages (enter percentage values	Voting	45.0% Jointly Held? No		
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	45.0%		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		r more broadcast stations	No	
(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	No
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?	
If "Yes," 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 " $\underline{Yes},$ " provide the following information for each such the relationship.

(e) Is Respondent seeking an attribution exemption for any officer or director with
duties wholly unrelated to the Licensee(s)?NoIf "Yes," 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.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: Personal Representative of Estate of Norman Alpert Exact Legal Title or Name of Respondent: Personal Representative of Estate of Norman Alpert Name: Donna Alpert Phone: 2397779288 02/23/2019