

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000086665 | Submit Date: 2019-10-16 | FRN: 0001843655

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 10/16/2019

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0001843655	South Georgia Broadcasters, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 390 4005 Golden Isles Parkway	Baxley	GA	31513	+1 (912) 367- 3000	caleb@wbyz94.

2. Contact Representative

Name	Organization	
Peggy Miles	South Georgia Broadcasters, Inc.	

			Zip		
Street Address	City (and Country if non U.S. address)	State	Code	Phone	Email
PO Box 390 4005 Golden Isles Parkway	Baxley	GA	31513	+1 (912) 367-3000	peggy@wbyz94.com

3. Application Filing Fee

Question	Response
Is this application being submitted without a filing fee?	Yes
If this application is being submitted without a filing fee, Indicate reason for fee exemption.	Fee-Exempt Report

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	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 Name	FRN
South Georgia Broadcasters, Inc.	0001843655

Fac. ID No.	Call Sign	City	State	Service
73	WUFE	BAXLEY	GA	AM
61095	WBYZ	BAXLEY	GA	FM
151838	W244CR	BAXLEY	GA	FX

Section II - Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations 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 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.

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) 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	0001843655	0001843655	
Entity Name	South Georgia Broadcasters, I	nc.	
Address	РО Вох	390	
	'		

	Street 1	4005 Golden Isles Parkway	
	Street 2		
	City	Baxley	
	State ("NA" if non-U.S. address)	GA	
	Zip/Postal Code	31513	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	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%	<u>'</u>
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one or	r more broadcast stations	No

Ownership Information			
FRN	9990136522		
Name	James A. Graham, Jr., Mr.		
Address	PO Box 390		
	Street 1	4005 Golden Isles Parkway	
	Street 2		
	City Baxley State ("NA" if non-U.S. GA address) Zip/Postal Code 31513		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder		
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	30.0% Jointly Held? Yes		
	Equity	30.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No		

Ownership Information				
FRN	9990136523			
Name	Jan M. Crosby, Ms.			
Address	PO Box 390			
	Street 1	4005 Golden Isles Parkway		
	Street 2			
	City	Baxley		
	State ("NA" if non-U.S. address)	GA		
	Zip/Postal Code	31513		
	Country (if non-U.S. United States address)			
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Stockholder			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race White			
Interest Percentages (enter percentage values	Voting	30.0%	Jointly Held? Yes	
from 0.0 to 100.0)	Equity	30.0%		
	Total assets (Equity Debt Plus)			
		Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		

Ownership Information			
FRN	9990136524		
Name	JEANNA E. BURKE, MRS.		
Address	PO Box 390		
	Street 1 4005 Golden Isles Parkway		
	Street 2		

	City	Baxley		
	State ("NA" if non-U.S. address)	GA		
	Zip/Postal Code	31513		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Stockholder			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	20.0%	Jointly Held? Yes	
from 0.0 to 100.0)	Equity	20.0%	<u>'</u>	
	Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No	

Ownership Information			
FRN	9990136525	9990136525	
Name	JULIE MUMFORD, MRS.		
Address	РО Вох	390	
	Street 1	4005 Golden Isles Parkway	
	Street 2		
	City	Baxley	
	State ("NA" if non-U.S. GA address)		
	Zip/Postal Code	31513	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder	Stockholder	
Citizenship, Gender,	Citizenship	Citizenship US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race White		

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	20.0%	Jointly Held? Yes	
	Equity	20.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No	
` , .	at any interests, including equi his filing are non-attributable. an explanation.	ty, financial, or voting	Yes	

(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 "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 or related to each other as parentchild or as siblings?

Yes

If "Yes," provide the following information for each such the relationship.

Family Relationships				
FRN	9990136524	Name	JEANNA E BURKE , MRS	
FRN	9990136525	Name	JULIE MUMFORD , MRS	
Relationship	Siblings			

Family Relationships				
FRN	9990136522	Name	James A Graham, Jr. , Mr	
FRN	9990136523	Name	Jan M Crosby , Ms	
Relationship Siblings				

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
If "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.	

3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select "N/A" in response to this question.

The corporation is under the ownership of four individuals.

Section III - Certification

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: GENERAL MANAGER Exact Legal Title or Name of Respondent: PEGGY MILES Name: PEGGY MILES, MS Phone: 9123673000