

(REFERENCE COPY - Not for submission)

Noncommercial Broadcast Stations Biennial Ownership Report (FCC Form 323-E)

File Number: 0000087973 | Submit Date: 2019-11-04 | FRN: 0026208462

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status: Superceded Status Date:

11/05/2019 Filing Status: InActive

Section I - General Information

1. Respondent

FRN	Entity Name
0026208462	Cedar Broadcasting, Inc

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 396	SAN DIMAS	CA	91773	+1 (562) 375- 0888	ele@tccevent.

2. Contact Representative

Name	Organization
MICHAEL W. RICHARDS	LAW OFFICE OF MICHAEL W RICHARDS LC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 5842	TAKOMA PARK	MD	20913- 5842	+1 (202) 657- 5780	michael@michaelrichards. us

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:			
Relationship to stations/permits	s/permits Licensee		
Is the Respondent's governing boa indirectly under the control of ano	ard (or other governing entity) directly or ther entity?	No	

(b) Provide the following information about this report:		
Purpose	Validation and resubmission of a previously filed biennial report (certifying no changes from the previously filed biennial report) 0000041757	
"As of" date	10/01/2019	
	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.	

5. Licensee(s) and Station(s)

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

Licensee/Permittee Name	FRN
Cedar Broadcasting, Inc	0026208462

Fac. ID No.	Call Sign	City	State	Service
173373	KWBP	BIG PINE	CA	FM

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 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. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee 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	STATE OF CALIFORNIA	
Date of execution	10/1998	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: ARTICLES OF INCORPORATION	

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, members of the governing board (or other governing entity), stockholders, 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	0026208462	0026208462		
Entity Name	Cedar Broadcasting, Inc	Cedar Broadcasting, Inc		
Address	ddress PO Box 396			
	Street 1			
	Street 2			

	City	SAN DIMAS	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	91773	
	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	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	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	0002002764	
Name	Elia Tawil	
Address	PO Box	396
	Street 1	
	Street 2	
	City	San Dimas
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	91733
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	MANAGER	
By Whom Appointed or Elected	BOARD OF CEDAR BROADCASTING, INC.	
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	100.0%	
	Equity	100.0%	
	Total assets (Equity Debt Plus)	100.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No
(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.			Yes

(c) 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 licensee has no parent entity. Elia Tawil is the licensee's sole officer and board member (serving as both CEO and President). No other individual holds any attributable interest in the licensee.

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: PRESIDENT AND CEO Exact Legal Title or Name of Respondent: CEDAR BROADCASTING, INC. Name: ELIA 5623750888 TAWIL Phone: 5623750888