

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

 File Number:
 0000102664
 Submit Date:
 2020-01-30
 FRN:
 0022836373

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 01/30/2020

 Filing Status:
 Active
 Status:
 Status Date:
 01/30/2020

## **Section I - General Information**

### 1. Respondent

0027243500 Fuba	ar, LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1117 Lakeside Drive, NW	Wilson	NC	27896	+1 (252) 237- 8666	dww@cbrw. net

### 2. Contact Representative

Name	Organization
Dr. James B. Cash	Fubar, LLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1117 Lakeside Drive, NW	Wilson	NC	27896	+1 (252) 237-8666	dww@cbrw.net

### 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	Limited liability company	

(b) Provide the following information about this report:

Purpose	Biennial
"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.

Licensee/Permittee Name			FRN		
Tidewater TV LLC			0022836373		
Fac. ID No.	Call Sign	City	State	Service	
76324	WSKY-TV	MANTEO	NC	DTV	

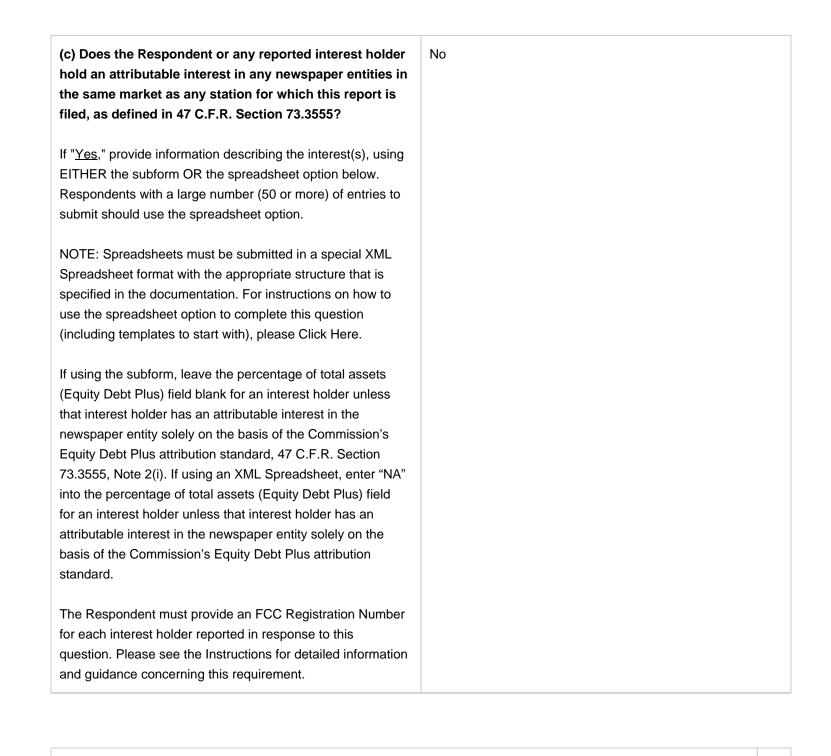
# Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents	contracts and other instruments report. In addition, attributable L disclosed by the licensee of the attributable JSA, or a network at Respondents, as well as License	Id authorizations for one or more full power television, AM, and/or FM stations should list all s set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this Local Marketing Agreements (LMAs) and attributable Joint Sales Agreements (JSAs) must be e brokering station on its ownership report. If the agreement is an attributable LMA, an affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee see Respondents that only hold authorizations for Class A television and/or low power television plicable" in response to this question.			
	Not Applicable.				
2. Ownership Interests	(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests b generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Re itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated part non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent pursuan standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening corr or entities.) List each interest holder with a direct attributable interest in the Respondent separately.				
			nk for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R.		
	In the case of vertical or indirect ownership structures, list only those interests in the Respondent that al attributable interest in the Licensee(s) for which the report is being submitted.				
	ntities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file eparate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have n 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	0027243500			
	Entity Name	Fubar, LLC			
	Address	PO Box			
		Street 1	1117 Lakeside Drive, NW		
		Street 2			
		City	Wilson		
		State ("NA" if non-U.S. address)	NC		
		Zip/Postal Code	27896		
		Country (if non-U.S. address)	United States		
	Listing Type	Respondent			

<b>Positional Interests</b> (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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o report?	or more broadcast stations	No

#### **Ownership Information** FRN 0019440643 Name James B. Cash, Sr. Address **PO Box** 1117 Lakeside Drive, NW Street 1 Street 2 City Wilson State ("NA" if non-U.S. NC address) **Zip/Postal Code** 27896 Country (if non-U.S. **United States** address) Listing Type Other Interest Holder **Positional Interests** LC/LLC/PLLC Member (check all that apply) US Citizenship, Gender, Citizenship Ethnicity, and Race Gender Male **Information (Natural** Persons Only) Not Hispanic or Latino Ethnicity White Race **Interest Percentages** Voting 100.0% **Jointly Held?** (enter percentage values No from 0.0 to 100.0) Equity 100.0% **Total assets (Equity Debt** Plus) Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?

(b) Respondent certifies that any interests, including equity, financial, or votingYesinterests, not reported in this filing are non-attributable.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 withNoduties 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.

#### 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: <b>Sole Member</b> Exact Legal Title or Name of Respondent: <b>Fubar, LLC</b> Name: <b>Dr James B. Cash</b> Phone: <b>2522378666</b> 01/30/2020