

FRN

0020104972

Not Applicable

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

 File Number:
 0000095590
 Submit Date:
 2020-01-07
 FRN:
 0020104972

 Purpose:
 Noncommercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 01/07/2020

 Filing Status:
 Active
 Status
 Status Date:
 01/07/2020

Section I - General Information

Soaring Eagle Promotions, Inc.

1. Respondent

Entity Name

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
466 County Rd 11	Bellefontaine	ОН	43311	+1 (937) 292- 8890	mark. boyer@shinefmohio. com

2. Contact Representative

Name	Organization
Mark Boyer	Soaring Eagle Promotions, Inc.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
466 County Rd 11 PO Box 96	Bellefontaine	ОН	43311	+1 (937) 651- 6239	mark.boyer@shinefmohio. com

3. Application Filing Fee

4. Control of Respondent

Relationship to stations/permits	Entity required to file a Form 323-E because it holds an attributable interest in one more Licensees or Permittees		ds an attributable interest in one or
Is the Respondent's governing bo indirectly under the control of ano		entity) directly or	No
(b) Provide the following information	on about this report:		
Purpose		Biennial	
Purpose "As of" date		Biennial 10/01/2019	

5. Licensee(s) and Station(s)

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

Licensee/Permittee Name			FRN	
Soaring Eagle Promo	otions, Inc.		0020104972	
Fac. ID No.	Call Sign	City	State	Service
174814	WKEN	KENTON	ОН	FM
176916	WSOH	ZANESFIELD	ОН	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.

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, 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	0020104972	
Entity Name	Soaring Eagle Promotions, Inc.	
Address	PO Box	
	Street 1	466 County Rd 11
	Street 2	PO Box 96
	City	Bellefontaine
	State ("NA" if non-U.S. address)	ОН
	Zip/Postal Code	43311
	Country (if non-U.S. address)	United States

Ownership Information

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 that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No

Ownership Information

FRN	9990138790		
Name	Mark Boyer		
Address	PO Box		
	Street 1	425 Sidney St	
	Street 2		
	City	West LIberty	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	43357	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Manager		
By Whom Appointed or Elected	Appointed by Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	0.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

Ownership Information			
FRN	9990138791		
Name	Carol Baird		
Address	PO Box		
	Street 1	3943 TR 147	
	Street 2		
	City	Zanesfield	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	43360	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Consultant		
By Whom Appointed or Elected	Appointed by Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	20.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have a that do not appear on this r	in attributable interest in one o eport?	r more broadcast stations	No

Ownership Information				
FRN	9990138792	9990138792		
Name	Eric Cook			
Address	PO Box	131		
	Street 1			
	Street 2			
	City	Bellefontaine		
	State ("NA" if non-U.S. address)	ОН		
	Zip/Postal Code	43311		

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Pastor		
By Whom Appointed or Elected	Appointed by Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	20.0%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

that do not appear on this report?

No

FRN	9990138793		
Name	Robert Bender		
Address	PO Box		
	Street 1	2960 CR 31 South	
	Street 2		
	City	Bellefontaine	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	43311	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board	d (or other governing entity)	
Principal Profession or Occupation	General Manager		
By Whom Appointed or Elected	Appointed by Board		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	

Interest Percentages (enter percentage values from 0.0 to 100.0)	Ethnicity	Not Hispanic or Latino	
	Race	White	
	Voting	20.0%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations		r more broadcast stations No	

Ownership Information

that do not appear on this report?

FRN	9990138794		
Name	Shannon Maier		
Address	PO Box		
	Street 1	202 Newell St	
	Street 2		
	City	West Liberty	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	43357	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Truany Officer		
By Whom Appointed or Elected	Appointed by Board		
Citizenship, Gender,			
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	20.0%	
(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	9990138795
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Name	Mark Burd		
Address	PO Box		
	Street 1	14034 Staley Rd	
	Street 2		
	City	Anna	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	45302	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Pastor		
By Whom Appointed or Elected	Appointed by Board		
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	Voting	20.0%	
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?		
(b) Respondent certifies that any interests, including equity, financial, or voting Yes 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 " <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.	

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: Soaring Eagle Promotions Name: Mark Boyer Phone: 9376516239 01/07/2020