

#### (REFERENCE COPY - Not for submission)

FRN

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0003775640

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

 File Number:
 0000103820
 Submit Date:
 2020-01-31
 FRN:
 0003775640

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 01/31/2020

 Filing Status:
 Active
 Status:
 Received
 Status Date:
 01/31/2020

#### **Section I - General Information**

Winston Broadcasting Network, 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
2690 State Road	Cuyahoga Falls	ОН	44223	+1 (330) 922- 5500	lbruch@wbnx. com

#### 2. Contact Representative

Name	Organization
Stephen Hartzell	Brooks, Pierce et al.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
150 Fayetteville Street Suite 1700	Raleigh	NC	27601	+1 (919) 839- 0300	shartzell@brookspierce. com

#### 3. Application Filing Fee

# Question Response Is this application being submitted without a filing fee? No

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	МАТ	1	95	\$70.00
			•	*	Total	\$70.00

# 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	10/01/2019
	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
Winston Broadcasting Network, Inc.	0003775640

Fac. ID No.	Call Sign	City	State	Service
72958	WBNX-TV	AKRON	ОН	DTV

### 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.

Document Information			
Description of contract or instrument	Articles of Incorporation		
Parties to contract or instrument	State of Ohio		
Date of execution	02/1986		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Articles of Incorporation		

**Document Information** 

Description of contract or instrument	MOVIES Network Affiliation Agreement
Parties to contract or instrument	MOVIES Television Network
Date of execution	03/2015
Date of expiration	03/2022
Agreement type (check all that apply)	Network Affiliation Agreement

#### **Document Information**

Description of contract or instrument	Heroes & Icons Network Affiliation Agreement
Parties to contract or instrument	Heroes & Icons Television Network
Date of execution	12/2015
Date of expiration	11/2021
Agreement type (check all that apply)	Network Affiliation Agreement

#### **Document Information**

Description of contract or instrument	Decades Network Affiliation Agreement
Parties to contract or instrument	Decades Television Network
Date of execution	12/2018
Date of expiration	11/2021
Agreement type (check all that apply)	Network Affiliation Agreement

Document Information	
Description of contract or instrument	Start TV Network Affiliation Agreement
Parties to contract or instrument	Start TV Television Network
Date of execution	12/2018
Date of expiration	11/2022
Agreement type (check all that apply)	Network Affiliation Agreement

#### 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	0003775640		
Entity Name	Winston Broadcasting Netwo	Winston Broadcasting Network, Inc.	
Address	PO Box	PO Box	
	Street 1	2690 State Road	
	Street 2		
	City	Cuyahoga Falls	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	44223	
	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	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt0.0%Plus)		
Does interest holder have a that do not appear on this	an attributable interest in one c report?	or more broadcast stations	No

Ownership Information		
FRN	0019275015	
Entity Name	Grace Cathedral, Inc.	
Address	<b>PO Box</b> 1790	
	Street 1	
	Street 2	
	City	Akron
	State ("NA" if non-U.S. address)	ОН
	Zip/Postal Code	44309
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

#### **Ownership Information**

<b>Positional Interests</b> (check all that apply)	Stockholder		
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	100.0%	Jointly Held? No
	Equity	100.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No

Ownership Information			
FRN	0019275171		
Name	Lori Bruch		
Address	PO Box		
	Street 1	2690 State Road	
	Street 2		
	City	Cuyahoga Falls	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	44223	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
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	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		

that do not appear on this report?

Ownership Information		
FRN	0021260641	
Name	Ronald Midcap, Sr.	

Address	PO Box		
	Street 1	2690 State Road	
	Street 2		
	City	Cuyahoga Falls	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	44223	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
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	0.0%	Jointly Held? No
	Equity	0.0%	
	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?		No	

#### **Ownership Information**

FRN	0019274786	
Name	Catherine D. Shupe	
Address	PO Box	
	Street 1	2690 State Road
	Street 2	
	City Cuyahoga Falls	
	State ("NA" if non-U.S. address)	ОН
	Zip/Postal Code	44223
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Officer, Director	
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	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No
	at any interests, including equi his filing are non-attributable. an explanation.	ty, financial, or voting	Yes
hold an attributable interest the same market as any sta filed, as defined in 47 C.F.F. If "Yes," provide information EITHER the subform OR the Respondents with a large nu submit should use the spread NOTE: Spreadsheets must be Spreadsheet format with the specified in the documentation use the spreadsheet option to (including templates to start). If using the subform, leave th (Equity Debt Plus) field bland that interest holder has an att newspaper entity solely on th Equity Debt Plus attribution so 73.3555, Note 2(i). If using an into the percentage of total at for an interest holder unless attributable interest in the ne basis of the Commission's E standard.	describing the interest(s), using e spreadsheet option below. Imber (50 or more) of entries to dsheet option. The submitted in a special XML appropriate structure that is on. For instructions on how to o complete this question with), please Click Here. The percentage of total assets a for an interest holder unless tributable interest in the ne basis of the Commission's standard, 47 C.F.R. Section n XML Spreadsheet, enter "NA" issets (Equity Debt Plus) field that interest holder has an wspaper entity solely on the quity Debt Plus attribution	No	
for each interest holder repo	tructions for detailed information		

(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 with duties 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.

#### 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.

No

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

File Name	Uploaded By	Attachment Type	Description
WBNX-TV Organizational Chart.pdf	Applicant	Ownership Chart	WBNX-TV Organizational Chart

#### **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: <b>General Manager</b> Exact Legal Title or Name of Respondent: <b>Winston Broadcasting Network, Inc.</b> Name: <b>Lori Bruch</b> Phone: <b>3309225500</b> 01/31/2020