

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000099481 | Submit Date: 2020-01-23 | FRN: 0003781630

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 01/23/2020

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name	
0003781630	Adell Broadcasting Corporation	

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
35000 Adell Drive	Clinton Township	MI	48035	+1 (810) 790- 3838	ralph@thewordnetwork.

2. Contact Representative

Name	Organization
John M. Burgett, Esq.	Wiley Rein LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1776 K Street, N.W.	Washington	DC	20006	+1 (202) 719-4239	jburgett@wiley.law

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	MAT	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
Adell Broadcasting Corporation	0003781630

Fac. ID No.	Call Sign	City	State	Service
455	WADL	MOUNT CLEMENS	MI	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 Michigan	
Date of execution	06/1978	
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	By-Laws
Parties to contract or instrument	Stockholders
Date of execution	06/1978
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: By-Laws

Document Information		
Description of contract or instrument	Network Affiliation Agreement	
Parties to contract or instrument	GRIT-TV	
Date of execution	06/2015	
Date of expiration	06/2020	
Agreement type (check all that apply)	Network Affiliation Agreement	

Document Information		
Description of contract or instrument	Station Affiliation Agreement	
Parties to contract or instrument	CPB US Networks III Inc.	
Date of execution	06/2015	
Date of expiration	06/2021 Network Affiliation Agreement	
Agreement type (check all that apply)		

Document Information		
Description of contract or instrument	Network Affiliation Agreement	
Parties to contract or instrument	Justice Network, LLC	
Date of execution	03/2017	
Date of expiration	03/2021	
Agreement type (check all that apply)	Network Affiliation Agreement	

Document Information		
Description of contract or instrument	Affiliation Agreement	
Parties to contract or instrument	Quest Network, LLC	
Date of execution	07/2018	
Date of expiration	07/2022	
Agreement type (check all that apply)	Network Affiliation Agreement	

Document Information	
Description of contract or instrument	Affiliation Agreement

Parties to contract or instrument	COZI TV Network	
Date of execution	02/2016	
Date of expiration	11/2019	
Agreement type (check all that apply) Network Affiliation Agreement		

Document Information		
Description of contract or instrument	Affiliation Agreement	
Parties to contract or instrument	QVC Network	
Date of execution	10/2019	
Date of expiration	01/2022	
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	0003781630	
Entity Name	Adell Broadcasting Corporation	
Address	PO Box	
	Street 1	35000 Adell Drive
	Street 2	
	City	Clinton Township
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48035
	Country (if non-U.S. address)	United States
Listing Type	Respondent	

Positional Interests (check all that apply)	Respondent Interest holder is not a Tribal nation or Tribal entity		
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 Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations	No

Ownership Information					
FRN	0019440817				
Name	Kevin Adell	Kevin Adell			
Address	PO Box	РО Вох			
	Street 1	636 14TH AVENUE SOUTH			
	Street 2				
	City	NAPLES			
	State ("NA" if non-U.S. address)				
	Zip/Postal Code 34102				
	Country (if non-U.S. United States address)				
Listing Type	Other Interest Holder				
Positional Interests (check all that apply)	Officer, Director, Stockholder				
Citizenship, Gender, Citizenship US		US			
Ethnicity, and Race Information (Natural	Gender	Male	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino	Not Hispanic or Latino		
	Race	White			
Interest Percentages (enter percentage values	Voting	86.0%	Jointly Held? No		
from 0.0 to 100.0)	Equity	86.0%			
	Total assets (Equity Debt 0.0% Plus)				
Does interest holder have a	an attributable interest in one oreport?	r more broadcast stations	Yes		

	Ownership Information		
	FRN	0019845072	
Name Estate of James Panagos, Sr. Estate of James Panagos, Sr.		Estate of James Panagos, Sr. Estate of James Panagos, Sr.	

Address	PO Box			
	Street 1	20510 ROSELAND		
	Street 2			
	City	SOUTHFIELD		
	State ("NA" if non-U.S. address)	MI		
	Zip/Postal Code	48076		
	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	Black or African American		
Interest Percentages (enter percentage values	Voting	5.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	5.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one or report?	or more broadcast stations	No	

Ownership Information		
FRN	0019440791	
Name	Ralph Lameti	
Address	PO Box	
	Street 1	6135 KIEV WEST
	Street 2	
	City	BLOOMFIELD
	State ("NA" if non-U.S. address)	MI
	Zip/Postal Code	48324
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Director, 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	3.0%	Jointly Held? No
	Equity	3.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one creport?	or more broadcast stations	Yes

Ownership Information			
FRN	0019845080		
Name	O'NEIL SWANSON		
Address	PO Box	Вох	
	Street 1	14751 W. MCNICHOLS RD.	
	Street 2		
	City	DETROIT	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	48235	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Stockholder		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	us	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	5.0%	Jointly Held? No
	Equity	5.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information		
FRN	0019845130	
Name	SHARED PATEL	
Address	PO Box	

	Street 1	30200 TELEGRAPH	
	Street 2	SUITE 206 SOUTHFIELD	
	City		
	State ("NA" if non-U.S.	MI	
	address)		
	Zip/Postal Code	48025	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	Asian	
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	r more broadcast stations	No
	nat 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?

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?

No

No

No

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 "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 entities.

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: CEO Exact Legal Title or Name of Respondent: Adell Broadcasting Corporation Name: Kevin Adell Phone: 5867903838