

FRN

0015852254

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

File Number:0000108256Submit Date:2020-03-18FRN:0015852254Purpose:Commercial Broadcast Stations Non-Biennial Ownership ReportStatus:ReceivedStatus Date:03/18/2020Filing Status:Active

## **Section I - General Information**

Momentum Broadcasting LLC

### 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
408 North Cedar Bluff Road Suite 252	Knoxville	TN	37923	+1 (865) 224- 3848	larryperry@att. net

### 2. Contact Representative

Name	Organization
LARRY PERRY, ESQ.	Attorney

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
11464 Saga Lane Suite 400	KNOXVILLE	TN	37931	+1 (865) 927-8474	larryperry@att.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	Transfer of control or assignment of license/permit
"As of" date	03/18/2020
	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) /Permittees(s) and Station(s) /Permit(s)

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

Licensee/Permittee Name			FRN		
Momentum Broadcasting LLC			00158	352254	
Fac. ID No.	Call Sign	City		State	Service
36230	WTNQ	LA FOLLETTE		TN	FM
170987	WJRV	OLIVER SPRINGS		TN	FM

## Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents	Licensee/Permittee Respondents 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/Permittee Respondents should select "Not Applicable" in response to this question.		
2. Ownership Interests	<ul> <li>(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.</li> <li>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 attributable standard, 47 C.F.R. Section 73.3555, Note 2(i).</li> <li>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) or Permittee(s) for which the report is being submitted.</li> <li>Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must fill 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) or Permittee(s) for which the report is being submitted.</li> </ul>		
	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	0015852254	
	Entity Name	Momentum Broadcasting LLC	
	Address	PO Box	
		Street 1	408 North Cedar Bluff Road

FRN	0015852254			
Entity Name	Momentum Broadcasting LLC	Momentum Broadcasting LLC		
Address PO Box				
	Street 1	408 North Cedar Bluff Road		
	Street 2	Suite 252		
	City	Knoxville		
	State ("NA" if non-U.S. address)	TN		
	Zip/Postal Code	37923		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			

<b>Positional Interests</b> (check all that apply)	Respondent			
Interest Percentages (enter percentage values	Voting	0.0% Jointly Held? No		
from 0.0 to 100.0)	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	9990142255				
Name	Norman R. Alpert Trust				
Address	PO Box				
	Street 1	217 Bayfront Drive			
	Street 2				
	City	BONITA SPRINGS			
	State ("NA" if non-U.S. address)	FL			
	Zip/Postal Code	34134			
Country (if non-U.S.United Statesaddress)		United States			
Listing Type	Other Interest Holder				
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member, Owne	er, Attributable Investor, Attributat	ble Creditor		
Interest Percentages (enter percentage values	Voting	80.0%	Jointly Held? No		
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	80.0%			
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?					

### **Ownership Information**

FRN	9990142256		
Name	Donna Alpert		
Address PO Box			
	Street 1	217 Bayfront Dr.	
	Street 2		
	City	Bonita Springs	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	34134	
	Country (if non-U.S. address)	United States	

Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, LC/LLC/PLLC Member, Attributable Investor, Attributable Creditor		
Interest Percentages (enter percentage values	Voting	40.0%	Jointly Held? No
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	40.0%	
Does interest holder have that do not appear on this	No		

### **Ownership Information**

If "No," submit as an exhibit an explanation.

FRN	9990142257	9990142257		
Name	Laura Lamparyk	Laura Lamparyk		
Address	PO Box			
	Street 1	544 Carpenter Court		
	Street 2			
	City	NAPLES		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	34110		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer, LC/LLC/PLLC Member, Attributable Investor, Attributable Creditor			
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	40.0%	Jointly Held? No	
	Total assets (Equity Debt Plus)	40.0%		
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.			Yes	



(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 No 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.

Certif	ication

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>Managing Member LLC</b> Exact Legal Title or Name of Respondent: <b>Managing Member LLC</b> Name: <b>Donna Alpert</b> Phone: <b>2397391011</b> 03/18/2020