

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

File Number: 0000132004 Submit Date: 2021-01-21 FRN: 0030392518 Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report Status: **Received** Status Date: 01/21/2021 Filing Status: Active

# **Section I - General Information**

### 1. Respondent

FRN **Entity Name** 0030392518 WATS Up, LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
193 S. Keystone Ave	Sayre	ΡΑ	18840	+1 (607) 687-9933	DAVE@MYHOMETOWNTODAY. COM

## 2. Contact Representative

Name	Organization
Dawn M. Sciarrino, Esq.	Sciarrino & Shubert, PLLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
330 Franklin Road Ste. 135A- 133	Brentwood	TN	37027- 3280	+1 (202) 256- 9551	DAWN@SCIARRINOLAW. COM

# 3. Application Filing Fee

Not Applicable

#### 4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee	
Nature of Respondent	Limited liability company	

Purpose	Transfer of control or assignment of license/permit
"As of" date	01/07/2021
	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		
WATS Up, LLC			0030392518		
Fac. ID No.	Call Sign	City	State	Service	
71103	WAVR	WAVERLY	NY	FM	
71104	WATS	SAYRE	PA	АМ	

# 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. Not Applicable.				
2. Ownership Interests	generating a series of subforms. itself. If the Respondent is not a non-insulated members, and any standards set forth in 47 C.F.R. or entities.) List each interest ho Leave the percentage of total as attributable interest in the Respo Section 73.3555, Note 2(i). In the case of vertical or indirect attributable interest in the Licens Entities that are part of an organ separate ownership reports. In s an attributable interest in the Licens	nterests. This Question requires Respondents to enter detailed information about ownership interests by rises of subforms. Answer each question on each subform. The first subform listing should be for the Respondent pondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated partners, nembers, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the orth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies each interest holder with a direct attributable interest in the Respondent separately. entage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an rest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. 5, Note 2(i). ertical or indirect ownership structures, list only those interests in the Respondent that also represent an rest in the Licensee(s) or Permittee(s) for which the report is being submitted. e part of an organizational structure that includes holding companies or other forms of indirect ownership must file ship reports. In such a structure do not report, or file a separate report for, any interest holder that does not have nterest in the Licensee(s) or Permittee(s) for which the report is being submitted. Instructions for further detail concerning interests that must be reported in response to this question. and the must provide an FCC Registration Number for each interest holder reported in response to this question.			
	Ownership Information				
	FRN 0030392518				
	Entity Name WATS Up, LLC				
	Address	Idress PO Box			
		Street 1	193 S. Keystone Ave		
	Street 2				

City

address)

address)

Listing Type

Respondent

Zip/Postal Code

Country (if non-U.S.

State ("NA" if non-U.S.

Sayre

18840

United States

PA

<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 that do not appear on this report?			No	

#### **Ownership Information**

FRN	0011293552			
Name	David M. Radigan			
Address	PO Box			
	Street 1	193 S. Keystone Ave		
	Street 2			
	City	Sayre		
	State ("NA" if non-U.S. address)	PA		
	Zip/Postal Code	18840		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member			
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	100.0%		
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			No	
(b) Deen enderst sertifies (b)		financial annation	Mag	

(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.	



(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.

Certificatio	n

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>David Radigan</b> Name: <b>David Radigan</b> Phone: <b>6076879933</b>