

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

File Number: 0000133390Submit Date: 2021-01-28FRN: 0005794177Purpose: Commercial Broadcast Stations Non-Biennial Ownership ReportStatus: ReceivedStatus Date:01/28/2021Filing Status: ActiveStatus: Active

Section I - General Information

1. Respondent

| FRN | Entity Name |
|------------|------------------------------|
| 0006555643 | UniMasTelevision Group, Inc. |

| Street Address | City (and Country if non U.S. address) | State ("NA" if non-U.S. address) | Zip Code | Phone | Email |
|-------------------------|---|-------------------------------------|-------------|-----------------------|-------------------------|
| 5999 CENTER DRIVE | Los Angeles | CA | 90045 | +1 (310) 348- 3600 | cwood@univision. net |

2. Contact Representative

| Name | Organization |
|--------------------|-------------------------|
| Matthew S. DelNero | Covington & Burling LLP |

| | | | Zip | | |
|--|--|-------|-------|-------------------|------------------|
| Street Address | City (and Country if non U.S. address) | State | Code | Phone | Email |
| One CityCenter 850 Tenth Street, NW | Washington | DC | 20001 | +1 (202) 662-5543 | mdelnero@cov.com |

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 | For-profit corporation | | | | | |

(b) Provide the following information about this report:

| Purpose | Transfer of control or assignment of license/permit |
|--------------|---|
| "As of" date | 12/29/2020 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 | | | |
|----------------------------|-----------|------|----------|-----------------------|------------|---------|--|--|
| UniMas Orlando, Inc. | | | | | 77790 | | | |
| | | | | | | | | |
| Fac. ID No. | Call Sign | Cit | - | | State | Service | | |
| 5802 | WVEN-TV | ME | ELBOURNE | | FL | DTV | | |
| Licensee/Permittee Name | | | | | | | | |
| UniMas Chicago LLC | | | | 00037 | 70898 | | | |
| Fac. ID No. | Call Sign | | City | S | State | Service | | |
| 60539 | WXFT-DT | | AURORA | | L | DTV | | |
| | | | | | | | | |
| Licensee/Permittee Name | | | | FRN | | | | |
| UniMas Albuquerque LLC | | | | 00103 | 08484 | | | |
| Fac. ID No. | Call Sign | City | | | State | Service | | |
| 57220 | KLUZ-TV | ALBU | QUERQUE | | NM | DTV | | |
| Licensee/Permittee Name | | | | | | | | |
| | | | | FRN 0005414875 | | | | |
| UniMas Miami LLC | | | | 00054 | 14875 | | | |
| Fac. ID No. | Call Sign | City | , | | State | Service | | |
| 60536 | WAMI-DT | НО | LLYWOOD | | FL | DTV | | |
| Licensee/Permittee Name | | | | | FRN | | | |
| Spanish Television of Denv | ver, Inc. | | | | 0002531630 | | | |
| | | | | | | | | |
| Fac. ID No. | Call Sign | Ci | ty | S | tate | Service | | |
| 57219 | KCEC | B | OULDER | (| CO | DTV | | |
| Licensee/Permittee Name | | | | FRN | | | | |
| UniMas Tampa LLC | | | | 00037 | 71037 | | | |
| Fac. ID No. | Call Sign | | City | 64 | ate | Service | | |
| 60559 | WVEA-TV | | ТАМРА | F | | DTV | | |
| | | | | | | | | |
| Licensee/Permittee Name | | | | Ff | RN | | | |
| UniMas Partnership of Dou | iglas | | | 0 | 006495147 | | | |
| Fac. ID No. | Call Sign | C | City | : | State | Service | | |
| 81441 | KFTU-DT | 1 | DOUGLAS | | AZ | DTV | | |
| | · · | | | | | | | |

Licensee/Permittee Name

| UniMas Dallas LLC | | | | 00 | 03770 | 0922 | | |
|----------------------------|---------------------------|----------------|-------|-------|-------|------------|----------|---------|
| Fac. ID No. | ac. ID No. Call Sign City | | | | | State | e | Service |
| 60534 | KSTR-DT | KSTR-DT IRV | | | | тх | | DTV |
| Licensee/Permittee Name | , | | | | FR | N | | |
| UniMas D.C. LLC | | | | | 00 | 08194 | 4805 | |
| | | | | | | | | |
| Fac. ID No. | Call Sign | | City | 10701 | | | State | Service |
| 69532 | WFDC-DT | | ARLI | NGTON | | | VA | DTV |
| Licensee/Permittee Name | 9 | | | | FR | N | | |
| UniMas Fresno LLC | | | | | 00 | 08192 | 2593 | |
| Fac. ID No. | Call Sign | Cit | y | | | | State | Service |
| 35512 | KTFF-DT | PC | ORTER | VILLE | | | CA | DTV |
| Licensee/Permittee Name | | | | | FR | N | | |
| UniMas Houston LLC | | | | | | 03771 | 1003 | |
| | | | | | | | | |
| Fac. ID No. | Call Sign | | | City | | | | Service |
| 60537 | KFTH-DT | | | ALVIN | | ТХ | | DTV |
| Licensee/Permittee Name | | | | | FR | N | | |
| UniMas Boston LLC | | | | | 00 | 0001734987 | | |
| Fac. ID No. | Call Sign | City | | | | | State | Service |
| 60551 | WUNI | MARI | LBORC | OUGH | | | MA | DTV |
| Licensee/Permittee Name | | | | | | FRM | N | |
| UniMas Partnership of Flag | gstaff | | | | | 000 | 06500383 | |
| Fac. ID No. | Call Sign | | City | | | G | State | Service |
| 41517 | KFPH-DT | | FLAG | STAFF | | | AZ | DTV |
| | | | | | | | | |
| Licensee/Permittee Name | | | | | | RN | | |
| UniMas San Francisco LLC | | | 0 | 00819 | 92569 | | | |
| Fac. ID No. | Call Sign | Call Sign City | | | Sta | ite | Service | |
| 51429 | KFSF-DT | | VAI | _LEJO | | CA | A | DTV |
| Licensee/Permittee Name | | | | | FR | N | | |
| UniMas Sacramento LLC | | | | | 00 | 08192 | 2544 | |
| Fac. ID No. | Call Sign | | City | | | S | tate | Service |

| 20871 | KTFK-DT | STOCKTON | CA | DTV | | | |
|-----------------------------|------------|----------|------------|---------|--|--|--|
| Licensee/Permittee Name FRN | | | | | | | |
| UniMas Partnership of San A | 0015540941 | | | | | | |
| Fac. ID No. | Call Sign | City | State | Service | | | |
| 125710 | KNIC-DT | BLANCO | ТХ | DTV | | | |
| Licensee/Permittee Name | | | FRN | | | | |
| UniMas Los Angeles LLC | | | 0005825898 | | | | |
| Fac. ID No. | Call Sign | City | State | Service | | | |
| 60549 | KFTR-DT | ONTARIO | CA | DTV | | | |

Section II – Non-Biennial Ownership Information

| 1. 47 C.F.R. Section 73.3613 and Other Documents | through (c) for the facility or facil attributable Joint Sales Agreeme the agreement is an attributable | s should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) ties listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and ents (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. icensee/Permittee Respondents should select "Not Applicable" in response to this question. | | | | | |
|---|---|--|---|--|--|--|--|
| | | | | | | | |
| 2. Ownership Interests | generating a series of subforms, itself. If the Respondent is not a non-insulated members, and an standards set forth in 47 C.F.R. | Answer each question on each natural person, also list each of y other persons or entities with a Section 73.3555. (A "direct" inte | enter detailed information about ownership interests by subform. The first subform listing should be for the Respondent the officers, directors, stockholders, non-insulated partners, a direct attributable interest in the Respondent pursuant to the rest is one that is not held through any intervening companies erest in the Respondent separately. | | | | |
| | . – | | nk for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R. | | | | |
| | In the case of vertical or indirect attributable interest in the Licens | | nose interests in the Respondent that also represent an the report is being submitted. | | | | |
| | | such a structure do not report, or | holding companies or other forms of indirect ownership must file file a separate report for, any interest holder that does not have ch the report is being submitted. | | | | |
| | Please see the Instructions for f | urther detail concerning interests | s that must be reported in response to this question. | | | | |
| | The Respondent must provide a Please see the Instructions for d | - | each interest holder reported in response to this question. e concerning this requirement. | | | | |
| | Ownership Information | | | | | | |
| | FRN | 0006555643 | | | | | |
| | Entity Name | UniMasTelevision Group, Inc. | | | | | |
| | Address PO Box | | | | | | |
| | Street 1 5999 CENTER DRIVE | | | | | | |
| | | Street 2 | | | | | |
| | | City | Los Angeles | | | | |
| | | | | | | | |

| | State ("NA" if non-U.S. address) | CA | | | | |
|---|---|---------------------------|---------------------|--|--|--|
| | Zip/Postal Code | 90045 | | | | |
| | Country (if non-U.S. address) | United States | | | | |
| Listing Type | Respondent | | | | | |
| Positional Interests (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 a that do not appear on this re | n attributable interest in one o eport? | r more broadcast stations | No | | | |

| Ownership Information | | | | | | | |
|---|------------------------------------|-----------------------------|-------------|--|--|--|--|
| FRN | 0020907150 | 0020907150 | | | | | |
| Entity Name | Univision Local Media, Inc. | Univision Local Media, Inc. | | | | | |
| Address | PO Box | | | | | | |
| | Street 1 | 5999 Center Drive | | | | | |
| | Street 2 | | | | | | |
| | City | Los Angeles | Los Angeles | | | | |
| | State ("NA" if non-U.S. address) | СА | | | | | |
| | Zip/Postal Code | 90045 | | | | | |
| | Country (if non-U.S. address) | United States | | | | | |
| Listing Type | Other Interest Holder | | | | | | |
| Positional Interests (check all that apply) | Owner | | | | | | |
| Interest Percentages (enter percentage values | | | | | | | |
| from 0.0 to 100.0) | Total assets (Equity Debt Plus) | | | | | | |
| Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report? | | | | | | | |

Ownership Information

| FRN | 0019367317 | |
|---------|------------|--|
| Name | Wade Davis | |
| Address | PO Box | |
| | Street 1 | c/o ForgeLight LLC |
| | Street 2 | 5 Bryant Park, 1065 6th Avenue, 22nd Floor |

| | City | New York | |
|---|-------------------------------------|---------------|---------------------|
| | State ("NA" if non-U.S. address) | NY | |
| | Zip/Postal Code | 10018 | |
| | Country (if non-U.S. address) | United States | |
| Listing Type | Other Interest Holder | | |
| Positional Interests (check all that apply) | Officer | | |
| Interest Percentages (enter percentage values | Voting | 0.0% | Jointly Held? No |
| from 0.0 to 100.0) | Total assets (Equity Debt Plus) | | |
| Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report? | | | Yes |

| Ownership Information | | | |
|---|-------------------------------------|------------------|---------------------|
| FRN | 2130006675 | | |
| Name | Margaret Lazo | | |
| Address | PO Box | | |
| | Street 1 | 605 Third Avenue | |
| | Street 2 | 12th Floor | |
| | City | New York | |
| | State ("NA" if non-U.S. address) | NY | |
| | Zip/Postal Code | 10158 | |
| | Country (if non-U.S. address) | United States | |
| Listing Type | Other Interest Holder | | |
| Positional Interests (check all that apply) | Officer | | |
| Interest Percentages (enter percentage values | Voting | 0.0% | Jointly Held? No |
| from 0.0 to 100.0) | Total assets (Equity Debt Plus) | | |
| Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report? | | | Yes |

| Ownership Information | | | |
|-----------------------|---------------|------------------|--|
| FRN | 0020002374 | | |
| Name | Peter H. Lori | | |
| Address | PO Box | | |
| | Street 1 | 605 Third Avenue | |

| | Street 2 | 12th Floor | |
|--|--|---------------------------|---------------------|
| | City | New York | |
| | State ("NA" if non-U.S. address) | NY | |
| | Zip/Postal Code | 10158 | |
| | Country (if non-U.S. address) | United States | |
| Listing Type | Other Interest Holder | | |
| Positional Interests (check all that apply) | Officer, Director | | |
| Interest Percentages (enter percentage values | Voting | 0.0% | Jointly Held? No |
| from 0.0 to 100.0) | Total assets (Equity Debt Plus) | | |
| Does interest holder have a that do not appear on this r | n attributable interest in one o eport? | r more broadcast stations | Yes |

| Ownership Information | | | | |
|--|--|--------------------------------|---------------------|--|
| FRN | 0028957462 | | | |
| Name | Vlad Izversky | Vlad Izversky | | |
| Address | PO Box | | | |
| | Street 1 | 500 Frank W. Burr Blvd. | | |
| | Street 2 | | | |
| | City | Teaneck | | |
| | State ("NA" if non-U.S. address) | NJ | | |
| | Zip/Postal Code | 07666 | | |
| | Country (if non-U.S. address) | United States | | |
| Listing Type | Other Interest Holder | | | |
| Positional Interests (check all that apply) | Officer | | | |
| Interest Percentages (enter percentage values | Voting | 0.0% | Jointly Held? No | |
| from 0.0 to 100.0) | Total assets (Equity Debt Plus) | | | |
| Does interest holder have a that do not appear on this | an attributable interest in one c report? | r more broadcast stations | Yes | |
| | | | | |
| (b) Description (sectifies the | at any interests including equi | the flore state and the second | Voc | |

| (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.

| 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). | |

| 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: SVP ASSOC GEN COUN GOV AND REG AFF Exact Legal Title or Name of Respondent: UniMasTelevision Group, Inc. Name: Christopher G. Wood Phone: 3103483600 01/28/2021 |
|--|--|
| | 01/20/2021 |
| | and that to the best of my knowledge and belief, all statements in this report are |