

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000169047Submit Date:2021-11-16FRN:0008681124Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:11/17/2021Filing Status:Active

Section I - General Information

1. Respondent

FRN Entity Name 0008681124 Star Over Orlando, Inc.

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
357 Ocean Shore Blvd.	Ormond Beach	FL	32176	+1 (386) 566- 4299	swoodworth@edingerlaw. net

2. Contact Representative

Name	Organization
Scott Woodworth	Edinger Associates PLLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1725 I Street, NW Suite 300	Washington	DC	20006	+1 (202) 747- 1694	swoodworth@edingerlaw. net

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	MAR	1	95	\$85.00
		·	·	·	Total	\$85.00

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	10/01/2021
	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) and Station(s)

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

Licensee/Permittee Name	FRN
Star Over Orlando, Inc.	0008681124

Fac. ID No.	Call Sign	City	State	Service
129548	WRSO	ORLOVISTA	FL	AM

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	Licensee	
Date of execution	02/2003	
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	Bylaws
Parties to contract or instrument	Licensee
Date of execution	02/2003
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Bylaws

Document Information		
Description of contract or instrument	LMA	
Parties to contract or instrument	iHeartMedia	
Date of execution	06/2018	
Date of expiration	06/2026	
Agreement type (check all that apply)	Attributable LMA	

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.

FRN	0008681124	
Entity Name	Star Over Orlando, Inc.	
Address	PO Box	
	Street 1	357 Ocean Shore Blvd.
	Street 2	
	City	Ormond Beach
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	32176
	Country (if non-U.S. address)	United States

Ownership Information

Listing Type	Respondent		
Positional Interests (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 Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		r more broadcast stations	No

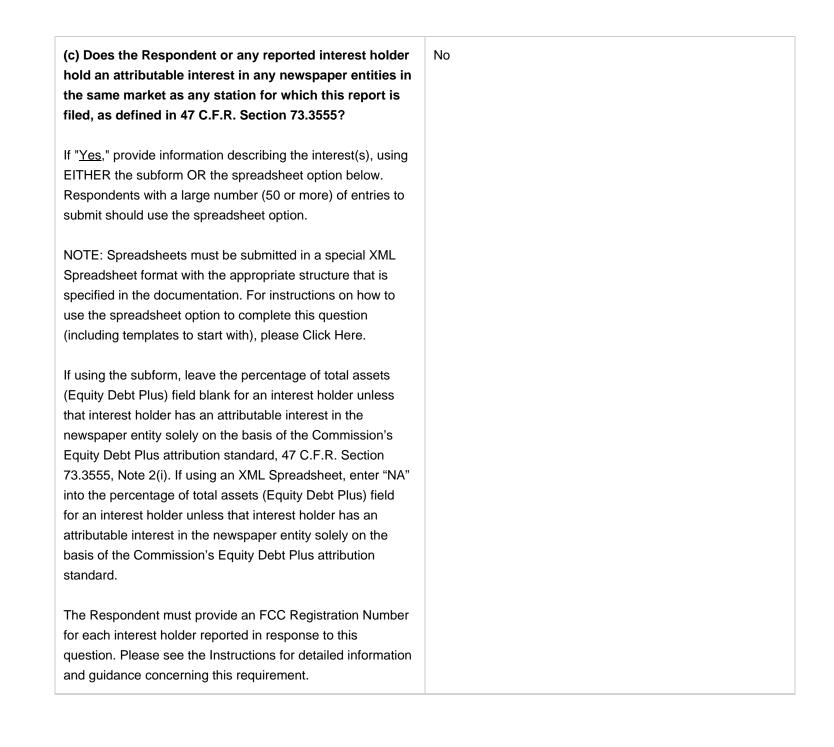
Ownership Information			
FRN	0008559296		
Name	Carl Tutera		
Address	PO Box		
	Street 1	357 Ocean Shore Blvd.	
	Street 2		
	City	Ormond Beach	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32176	
	Country (if non-U.S. address)		
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, 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	50.0%	Jointly Held? No
	Equity	50.0%	
	Total assets (Equity Debt Plus)		
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	0019281203
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Carmine Tutera		
PO Box		
Street 1	357 Ocean Shore Blvd.	
Street 2		
City	Ormond Beach	
State ("NA" if non-U.S. address)	FL	
Zip/Postal Code	32176	
Country (if non-U.S. address)	United States	
Other Interest Holder		
Officer, Stockholder		
Citizenship	US	
Gender	Male	
Ethnicity	Not Hispanic or Latino	
Race	White	
Voting	50.0%	Jointly Held? No
Equity	50.0%	
Total assets (Equity Debt Plus)		
an attributable interest in one o report?	r more broadcast stations	No
	PO Box Street 1 Street 2 City State ("NA" if non-U.S. address) Zip/Postal Code Country (if non-U.S. address) Other Interest Holder Other Interest Holder Other Interest Holder Citizenship Gender Ethnicity Race Voting Equity Total assets (Equity Debt Plus)	PO Box 357 Ocean Shore Blvd. Street 1 357 Ocean Shore Blvd. Street 2 City City Ormond Beach State ("NA" if non-U.S. address) FL Zip/Postal Code 32176 Country (if non-U.S. address) United States Other Interest Holder United States Officer, Stockholder US Gender Male Race White Race White Voting 50.0% Total assets (Equity Debt Plus) St.0%

(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 Yes or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

Comily Deletionshine

attributed an interest

ramny Relationships			
FRN	0019281203	Name	Carmine Tutera
FRN	0008559296	Name	Carl Tutera
Relationship	Parent/Child		

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
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	

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.

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: President Exact Legal Title or Name of Respondent: President Name: Carl Tutera Phone: 3865664299 11/16/2021