

FRN

0026042861

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

 File Number:
 0000172329
 Submit Date:
 2021-11-29
 FRN:
 0024862302

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 11/29/2021

 Filing Status:
 Active
 Status
 Status Date:
 11/29/2021

## **Section I - General Information**

#### 1. Respondent

Entity Name

Medvest Holdings, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
c/o Meyers, Tersigni, Feldman & Gray,	New York	NY	10005- 2101	+1 (212) 422- 1500	feldman@fhhlaw. com
LLP, 14 Wall Street					

### 2. Contact Representative

Name	Organization
Paul J. Feldman, Esq.	Fletcher, Heald & Hildreth, P.L.C.

			Zip		
Street Address	City (and Country if non U.S. address)	State	Code	Phone	Email
1300 N. 17th Street Suite 1100	Arlington	VA	22209	+1 (703) 812-0400	feldman@fhhlaw.com

3. Application
Filing Fee

Not Applicable

4.	Nature of	
Re	espondent	

(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	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 Na	me	FRN	FRN			
WSPF-CA Station, LLC				0021516018		
Fac. ID No.	Call Sign		State	Service		
11559	WSPF-CD	City ST. PETERSBURG		FL	DCA	
Licensee/Permittee Name FRN						
WPMF Miami LLC	WPMF Miami LLC			0024862302		
Fac. ID No.	Call Sign	State	Se	rvice		
30129	WBEH-CD	City	FL		CA	

# 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.
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	0026042861				
Entity Name	Medvest Holdings, Inc.				
Address	PO Box				
	Street 1	c/o Meyers, Tersigni, Feldman	& Gray, LLP, 14 Wall Street		
	Street 2				
	City	New York			
	State ("NA" if non-U.S. address)	NY			
	Zip/Postal Code	10005-2101			
	Country (if non-U.S. address)	United States			
Listing Type	Respondent				
<b>Positional Interests</b> (check all that apply)	Respondent	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal ı	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 No that do not appear on this report?					

Ownership Information				
FRN	0027332840			
Entity Name	1410766 Ontario Ltd.			
Address	PO Box			
	Street 1	c/o Meyers, Tersigni, Feldman & Gray, 14 Wall Street		
	Street 2	19th Floor		
	City	New York		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	10005-2101		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Stockholder			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal n	ation or Tribal entity		

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0% Jointly Held? No		
	Equity	100.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	r more broadcast stations	No		

#### **Ownership Information**

Ownership Information				
FRN	0027304385			
Name	Albert D. Friedberg			
Address	PO Box			
	Street 1	467 Lytton Boulevard		
	Street 2			
	City	Toronto		
	Province/Region			
	Zip/Postal Code	M5N-1S5		
	Country (if non-U.S. address)	Canada		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director			
Citizenship, Gender,	Citizenship	CA		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
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 a	an attributable interest in one c	or more broadcast stations	No	

that do not appear on this report?

Ownership Information				
FRN	0027332881			
Name	Dan Scheiner			
Address	PO Box			
	Street 1	467 Lytton Boulevard		
	Street 2			
	City	Toronto		

	Province/Region		
	Zip/Postal Code	M5N-1S6	
	Country (if non-U.S. address)	Canada	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	СА	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
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 c report?	r more broadcast stations	No
., .	hat any interests, including equi his filing are non-attributable.	ty, financial, or voting	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>Officer and Director</b> Exact Legal Title or Name of Respondent: <b>Medvest Holdings, Inc.</b> Name: <b>Albert D. Friedberg</b> Phone: <b>2124221500</b> 11/29/2021