

Amendment to a Commercial Broadcast Stations Biennial Ownership Report

File Number: 0000170381 Submit Date: 2022-04-29 FRN: 0002624427

Purpose: Commercial Broadcast Stations Biennial Ownership Report Amendment Status: Received Status Date:

Filing Status: Active

04/29/2022

Section I - General Information

1. Respondent

FRN **Entity Name** 0002624427 KOB-TV, LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
3415 UNIVERSITY AVENUE WEST	ST. PAUL	MN	55114- 2099	+1 (651) 642- 4334	kshuldes@hbi. com

2. Contact Representative

Name	Organization
Anne Goodwin Crump	Fletcher, Heald & Hildreth, P.L.C.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N 17th Street Eleventh Floor	Arlington	VA	22209	+1 (703) 812-0426	crump@fhhlaw.com

Question	Response
Is this application being submitted without a filing fee?	Yes
If this application is being submitted without a filing fee, Indicate reason for fee exemption.	Fee-Exempt Report

4.	Nature of
Re	espondent

3. Application **Filing Fee**

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

(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		
KOB-TV, LLC			0002624427		
Fac. ID No.	Call Sign	City		State	Service
35313	КОВ	ALBUQUERQUE		NM	DTV
35321	KOBF	FARMINGTON		NM	DTV
35325	K22NM-D	LAS CRUCES		NM	LPT
62272	KOBR	ROSWELL		NM	DTV

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 that only hold authorizations for Class A television and/or low power television stations, should select "Not Applicable" in response to this guestion.

Document Information			
Description of contract or instrument	Amended and Restated By-Laws of Hubbard Broadcasting, Inc.		
Parties to contract or instrument	Hubbard Broadcasting, Inc.		
Date of execution	10/2011		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: n/a		

Document Information

Description of contract or instrument	Shareholder Buy-Sell Agreement of Hubbard Broadcasting, Inc.
Parties to contract or instrument	Hubbard Broadcasting, Inc. and Shareholders
Date of execution	10/2011
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: n/a

Document Information

Description of contract or instrument	COMET Digital Multicast Affiliation Agreement
Parties to contract or instrument	KOB-TV, LLC

Date of execution	07/2016
Date of expiration	07/2022
Agreement type (check all that apply)	Network Affiliation Agreement

Document Information		
Description of contract or instrument	THIS TV Digital Multicast Affiliation Agreement, as amended	
Parties to contract or instrument	KOB-TV, LLC	
Date of execution	12/2010	
Date of expiration	12/2023	
Agreement type (check all that apply)	Network Affiliation Agreement	

Document Information

Description of contract or instrument	NBC Affiliation Agreement
Parties to contract or instrument	KOB-TV, LLC
Date of execution	01/2017
Date of expiration	12/2023
Agreement type (check all that apply)	Network Affiliation Agreement

Document Information

Description of contract or instrument	Amended And Restated Limited Liability Company Agreement of KOB-TV, LLC
Parties to contract or instrument	Member
Date of execution	01/1998
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: n/a

Document Information

Description of contract or instrument	Certificate of Formation of KOB-TV, LLC
Parties to contract or instrument	Delaware Secretary of State
Date of execution	11/1996
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: n/a

Document Information

Description of contract or instrument Heroes & Icons TV Network Affiliation Agreemen	
Parties to contract or instrument	KOB-TV, LLC
Date of execution	10/2021

Date of expiration	10/2025
Agreement type (check all that apply)	Network Affiliation Agreement

Document Information	
Description of contract or instrument	TrueReal Affiliation Agreement
Parties to contract or instrument	KOB-TV, LLC
Date of execution	05/2021
Date of expiration	12/2026
Agreement type (check all that apply)	Network Affiliation Agreement

Document Information		
Description of contract or instrument	Defy Affiliation Agreement	
Parties to contract or instrument	KOB-TV, LLC	
Date of execution	05/2021	
Date of expiration	12/2026	
Agreement type (check all that apply)	Network Affiliation Agreement	

Description of contract or instrument	Newsy Affiliation Agreement	
Parties to contract or instrument	KOB-TV, LLC	
Date of execution	06/2021	
Date of expiration	12/2026	
Agreement type (check all that apply)	Network Affiliation Agreement	

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	0002624427		
Entity Name	KOB-TV, LLC	KOB-TV, LLC	
Address	PO Box		
	Street 1	3415 UNIVERSITY AVENUE	
	Street 2 WEST		
	City	ST. PAUL	
	State ("NA" if non-U.S. address)	MN	
	Zip/Postal Code	55114-2099	
	Country (if non-U.S. address)	United States	
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 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 an attributable interest in one or more broadcast stations No that do not appear on this report?		No	

FRN	0012312708	
Name	STANLEY S. HUBBARD	
Address	PO Box	
	Street 1	c/o Hubbard Broadcasting, Inc.
	Street 2	3415 University Avenue, West
	City	St. Paul
	State ("NA" if non-U.S. address)	MN
	Zip/Postal Code	55114-2099
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Citizenship, Gender,	Citizenship US	
Ethnicity, and Race		

Information (Natural Persons Only)	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 o report?	r more broadcast stations	Yes

FRN	0008494114	0008494114	
Name	ROBERT W. HUBBARD		
Address	PO Box		
	Street 1	c/o Hubbard Broadcasting, Inc	
	Street 2	3415 University Avenue, West	
	City	St. Paul	
	State ("NA" if non-U.S. address)	MN	
	Zip/Postal Code	55114-2099	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
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	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

that do not appear on this report?

FRN	0008494148
Name	Stan E. Hubbard

Address	PO Box		
	Street 1	c/o Hubbard Broadcasting, Inc	
	Street 2	3415 University Avenue, West	
	City	St. Paul	
	State ("NA" if non-U.S. address)	MN	
	Zip/Postal Code	55114-2099	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
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	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 ar that do not appear on this re	n attributable interest in one or port?	r more broadcast stations	Yes

FRN	0019895846		
Name	VIRGINIA A. HUBBARD		
Address	PO Box		
	Street 1	c/o Hubbard Broadcasting, Inc.	
	Street 2	3415 University Avenue, West	
	City	St. Paul	
	State ("NA" if non-U.S. address)	MN	
	Zip/Postal Code	55114-2099	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	

Persons Only)	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 an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

N	0019887967			
ne	KATHRYN H. ROMINSKI			
Address	PO Box			
	Street 1	c/o Hubbard Broadcasting, Inc	с.	
	Street 2	3415 University Avenue, West		
	City	St. Paul	St. Paul	
	State ("NA" if non-U.S. address)	MN		
	Zip/Postal Code	55114-2099	55114-2099	
	Country (if non-U.S. address)	United States		
ting Type	Other Interest Holder			
sitional Interests eck all that apply)	Officer			
zenship, Gender,	Citizenship	US		
nicity, and Race prmation (Natural	Gender	Female		
sons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
erest Percentages ter percentage values	Voting	0.0%	Jointly Held? No	
n 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
es interest holder have an t do not appear on this re	Plus) attributable interest in one o		stations	

FRN	0019887397	
Name	C. THOMAS NEWBERRY	
Address	PO Box	

Street 1	c/o Hubbard Broadcasting, Inc	2.
Street 2	3415 University Avenue, West	
City	St. Paul	
State ("NA" if non-U.S. address)	MN	
Zip/Postal Code	55114-2099	
Country (if non-U.S. address)	United States	
Other Interest Holder		
Officer		
Citizenship	US	
Gender	Male	
Ethnicity	Not Hispanic or Latino	
Race	White	
Voting	0.0%	Jointly Held? No
Equity	0.0%	
Total assets (Equity Debt Plus)	0.0%	
	Street 2 City State ("NA" if non-U.S. address) Zip/Postal Code Country (if non-U.S. address) Other Interest Holder Officer Officer Citizenship Gender Ethnicity Race Voting Equity	Street 23415 University Avenue, WestCitySt. PaulState ("NA" if non-U.S. address)MNZip/Postal Code55114-2099Country (if non-U.S. address)United StatesOther Interest HolderUnited StatesOther Interest HolderSCitizenshipUSGenderMaleEthnicityNot Hispanic or LatinoRaceWhiteVoting0.0%Equity0.0%

Ownership Information				
FRN	0020875472	0020875472		
Name	Paul L. Yates	Paul L. Yates		
Address	PO Box			
	Street 1	c/o Hubbard Broadcasting, Inc.		
	Street 2	3415 University Avenue, West		
	City	St. Paul		
	State ("NA" if non-U.S. address)	MN		
	Zip/Postal Code	55114-2099		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Officer			
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US		
	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 an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

Ownership Information				
FRN	0005902820			
Name	David A. Jones			
Address	PO Box			
	Street 1	c/o Hubbard Broadcasting, Inc.		
	Street 2	3415 University Avenue, West		
	City	St. Paul		
	State ("NA" if non-U.S. address)	MN		
	Zip/Postal Code	55114-2099		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			
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	0.0%	Jointly Held? No	
	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?				

Ownership Information			
FRN	0022845481		
Name	JAMES A. BARNUM		
Address	PO Box Street 1 c/o Hubbard Broadcasting, Inc.		

	Street 2	3415 University Avenue, Wes	st	
	City	St. Paul		
	State ("NA" if non-U.S. address)	MN		
	Zip/Postal Code	55114-2099		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			
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	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 that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	

FRN	0022845499		
Name	RYAN M. VANDEWIELE		
Address	PO Box		
	Street 1	c/o Hubbard Broadcasting, Inc.	
	Street 2	3415 University Avenue, West	
	City	St. Paul	
	State ("NA" if non-U.S. MN address)		
	Zip/Postal Code 55114-2099		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	

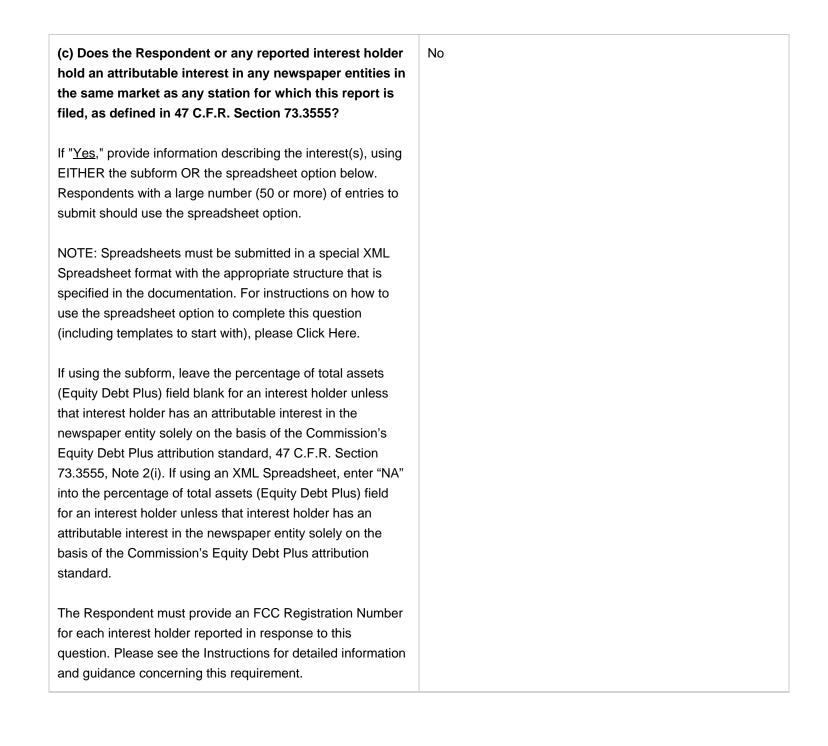
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No	
	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have an attributable interest in one or that do not appear on this report?		r more broadcast stations	Yes	

Ownership Information				
FRN	0003915816			
Entity Name	HUBBARD BROADCASTING, INC.			
Address	PO Box			
	Street 1	c/o Hubbard Broadcasting, In	с.	
	Street 2	3415 University Avenue, Wes	st	
	City	St. Paul		
	State ("NA" if non-U.S. address)	MN		
	Zip/Postal Code	55114-2099		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Owner, Other - Other Interest Holder			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	100.0%		
	Total assets (Equity Debt Plus)	100.0%		
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	

FRN	0029107539	
Name	Michelle Donaldson	
Address	PO Box	
	Street 1	c/o Hubbard Broadcasting, Inc.
	Street 2	3415 University Avenue, West
	City	St. Paul
	State ("NA" if non-U.S. address)	MN

	Zip/Postal Code	55114-2099		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			
Citizenship, Gender, Ethnicity, and Race	Citizenship US			
Information (Natural Persons Only)	Gender	Female		
	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 an attributable interest in one or more b that do not appear on this report?		more broadcast stations	No	
(b) Respondent certifies that interests, not reported in this	any interests, including equit s filing are non-attributable.	y, financial, or voting	Yes	

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.

Family Relationships			
FRN	0019895846	Name	VIRGINIA A HUBBARD
FRN	0019887967	Name	KATHRYN H ROMINSKI
Relationship	Siblings		

Family Relationships

Family Relationships

FRN	0019895846	Name	VIRGINIA A HUBBARD
FRN	0008494114	Name	ROBERT W HUBBARD
Relationship	Siblings		

Family Relationships

FRN	0008494114	Name	ROBERT W HUBBARD
FRN	0019887967	Name	KATHRYN H ROMINSKI
Relationship	Siblings		

Family Relationships			
FRN	0019895846	Name	VIRGINIA A HUBBARD
FRN	0008494148	Name	Stan E Hubbard
Relationship	Siblings		

Family Relationships

FRN	0012312708	Name	STANLEY S HUBBARD
FRN	0019895846	Name	VIRGINIA A HUBBARD
Relationship	Parent/Child		

Family Relationships

FRN	0008494114	Name	ROBERT W HUBBARD
FRN	0008494148	Name	Stan E Hubbard
Relationship	Siblings		

Family Relationships

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FRN	0012312708	Name	STANLEY S HUBBARD
FRN	0008494148	Name	Stan E Hubbard
Relationship	Parent/Child		

Family Relationships

FRN	0019887967	Name	KATHRYN H ROMINSKI
FRN	0008494148	Name	Stan E Hubbard
Relationship	Siblings		

Family Relationships

FRN	0012312708	Name	STANLEY S HUBBARD
FRN	0019887967	Name	KATHRYN H ROMINSKI
Relationship	Parent/Child		

Family Relationships

FRN	0012312708	Name	STANLEY S HUBBARD
FRN	0008494114	Name ROBERT W HUBBARD	
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 "Yes," 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.

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.

File Name	Uploaded By	Attachment Type	Description
HBI Organization Structure(55330831.5).pdf	Applicant	Ownership Chart	HBI Organization Structure

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: Vice-President and General Counsel Exact Legal Title or Name of Respondent: KOB- TV, LLC Name: Ryan Vandewiele Phone: 6516424334 04/29/2022