

#### (REFERENCE COPY - Not for submission)

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

File Number:0000223981Submit Date:2023-10-26FRN:0015149842Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:10/26/2023Filing Status:Active

### **Section I - General Information**

#### 1. Respondent

 FRN
 Entity Name

 0015149842
 Lazer Licenses LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
200 South A Street Suite 400	Oxnard	CA	93030	+1 (805) 240- 2070	amiranda@lazermedia. com

#### 2. Contact Representative

Name	Organization
Kathleen Victory, Esq.	Fletcher, Heald & Hildreth, PLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N 17th Street Suite 1100	Arlington	VA	22209	+1 (703) 812-0473	victory@fhhlaw.com

3.	Application	I
Fi	ling 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	40	95	\$3,800.00
		•	•	•	Total	\$3,800.00

# 4. Nature of Respondent

(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	10/01/2023	
	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
Lazer Licenses LLC	0015149842

Fac. ID No.	Call Sign	City	State	Service
866	KOXR	OXNARD	CA	AM
2243	KLUN	PASO ROBLES	CA	FM
3156	KZER	SANTA BARBARA	CA	AM
3395	KMQA	EAST PORTERVILLE	CA	FM
3727	KAEH	BEAUMONT	CA	FM
4698	KXZM	FELTON	CA	FM
8332	K282AE	OAKHURST	CA	FX
8338	KTNS	OAKHURST	CA	AM
8341	KAAT	OAKHURST	CA	FM
11707	KMZR	ATWATER	CA	FM
15099	KGAM	MERCED	CA	FM
24464	KGRB	JACKSON	CA	FM
32912	KJOR	WINDSOR	CA	FM
33393	KWRN	APPLE VALLEY	CA	AM
34349	KXLM	OXNARD	CA	FM
34526	KXSM	CHUALAR	CA	FM

34570	KSTV-LD	SACRAMENTO	СА	LPD
34582	KSRN	KINGS BEACH	СА	FM
35925	KLJR-FM	SANTA PAULA	CA	FM
36829	KXRS	НЕМЕТ	СА	FM
38442	KSBQ	SANTA MARIA	СА	AM
40137	KSFN	PIEDMONT	СА	AM
43335	KBBU	MODESTO	CA	FM
43999	KXSB	BIG BEAR LAKE	CA	FM
46401	KLMM	OCEANO	CA	FM
51221	KLMG	ESPARTO	CA	FM
52469	KSSB	CALIPATRIA	CA	FM
52516	KCCL	WOODLAND	CA	FM
52879	KSRT	CLOVERDALE	CA	FM
55416	KCAL	REDLANDS	CA	AM
63553	KSMY	LOMPOC	CA	FM
79388	KIQQ-FM	NEWBERRY SPRINGS	CA	FM
81804	KBTW	LENWOOD	CA	FM
87969	KBAA	GRASS VALLEY	CA	FM
88205	KMEN	MENDOTA	CA	FM
144710	K258DE	APPLE VALLEY	CA	FX
151638	K293CK	SANTA BARBARA	CA	FX
156438	K257GE	SAN FRANCISCO	CA	FX
158576	K275CJ	SANTA MARIA	CA	FX
164096	KMLY	GONZALES	CA	FM
164119	КХТТ	MARICOPA	CA	FM
164120	KEAL	TAFT	CA	FM
164200	KWNZ	LOVELOCK	NV	FM
166018	KNEZ	HAZEN	NV	FM
189473	KZTI	FALLON STATION	NV	FM
191509	KSGZ	GREENFIELD	СА	FM
202913	K271CY	OXNARD	CA	FX

## 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	Limited Liability Company Agreement		
Parties to contract or instrument	Members of Lazer Licenses, LLC		
Date of execution	05/2006		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: LLC Agreement		

#### **Document Information**

Description of contract or instrument	Certificate of Formation
Parties to contract or instrument	State of Delaware
Date of execution	05/2006
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Certificate of Formation

#### 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	0015149842	
Entity Name	Lazer Licenses LLC	
Address	PO Box	
	Street 1	200 South A Street
	Street 2	Suite 400
	City	Oxnard
	State ("NA" if non-U.S. address)	CA

#### **Ownership Information**

	Zip/Postal Code	93030	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
<b>Positional Interests</b> (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 that do not appear on this	an attributable interest in one c report?	or more broadcast stations	No

Ownership Information				
FRN	0000013466	0000013466		
Entity Name	LAZER BROADCASTING CO	LAZER BROADCASTING CORP.		
Address	PO Box			
	Street 1	200 South A Street	200 South A Street	
	Street 2	Suite 400		
	City	Oxnard		
	State ("NA" if non-U.S. address)	CA		
	Zip/Postal Code	93030		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Owner			
Tribal Nation or Tribal Entity	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	No	

#### **Ownership Information**

FRN	0019274505

Name	Alicia Miranda		
Address	PO Box		
	Street 1	200 South A Street	
	Street 2	Suite 400	
	City	Oxnard	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	93030	
	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	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 c report?	or more broadcast stations	Yes

#### **Ownership Information**

FRN	0016142101	
Name	Alfredo Plascencia	
Address	PO Box	
	Street 1	200 South A Street
	Street 2	Suite 400
	City	Oxnard
	State ("NA" if non-U.S. address)	CA
	Zip/Postal Code	93030
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Other - Manager	
Citizenship, Gender,	Citizenship	US

•			
Information (Natural Persons Only)	Ethnicity	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
interests, not reported in t If "No," submit as an exhibit	·		Yes
interests, not reported in t If "No," submit as an exhibit (c) Are any of the individua or related to each other as	his filing are non-attributable.	est holder in the Respondent	
interests, not reported in t If "No," submit as an exhibit (c) Are any of the individua or related to each other as If " <u>Yes</u> ," provide the following	his filing are non-attributable. an explanation. als listed as an attributable inter parentchild or as siblings? g information for each such the rel an attribution exemption for an	est holder in the Respondent ationship.	

Non-Licensee Respondents should select "N/A" in response to this question.

3. Organizational Chart (Licensees

Certification

Only)

File Name	Uploaded By	Attachment Type	Description
Lazer Licenses Ownership Chart.pdf	Applicant	Ownership Chart	Ownership Flow Chart

# Section III - Certification

Section
Authorized Party to Sign

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>President</b> Exact Legal Title or Name of Respondent: <b>Lazer Licenses, LLC</b> Name: <b>Alfredo Plascencia</b> Phone: <b>8052402070</b>
		10/26/2023