



(REFERENCE COPY - Not for submission)

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

File Number: **0000227407** | Submit Date: **2023-11-21** | FRN: **0019489467**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/21/2023**

Filing Status: **Active**

## Section I - General Information

### 1. Respondent

FRN	Entity Name
0019489467	Shari Ellin Redstone Trust

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
846 University Avenue	Norwood	MA	02062-2631	+1 (781) 461-1600	lmartignetti@nationalamusements.com

### 2. Contact Representative

Name	Organization
Nancy A. Ory	Lerman Senter PLLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2001 L Street, NW Suite 400	Washington	DC	20036	+1 (202) 416-6791	nory@lermansenter.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	Other Trust

(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
CBS Broadcasting Inc.	0003482189

Fac. ID No.	Call Sign	City	State	Service
9610	WCBS-TV	NEW YORK	NY	DTV
9617	WBBM-TV	CHICAGO	IL	DTV
9628	KCBS-TV	LOS ANGELES	CA	DTV
9629	WCCO-TV	MINNEAPOLIS	MN	DTV
9640	KCCW-TV	WALKER	MN	DTV
25452	KPIX-TV	SAN FRANCISCO	CA	DTV
25453	KYW-TV	PHILADELPHIA	PA	DTV
25454	KDKA-TV	PITTSBURGH	PA	DTV
72123	WWJ-TV	DETROIT	MI	DTV

Licensee/Permittee Name	FRN
CBS Television Stations Inc.	0004425773

Fac. ID No.	Call Sign	City	State	Service
47902	WFOR-TV	MIAMI	FL	DTV
47903	KCNC-TV	DENVER	CO	DTV

Licensee/Permittee Name	FRN
Miami Television Station WBFS Inc.	0003476116

Fac. ID No.	Call Sign	City	State	Service
12497	WBFS-TV	MIAMI	FL	DTV

Licensee/Permittee Name	FRN
CBS Television Licenses LLC	0021079769

Fac. ID No.	Call Sign	City	State	Service
25455	WJZ-TV	BALTIMORE	MD	DTV
25456	WBZ-TV	BOSTON	MA	DTV
73982	WSBK-TV	BOSTON	MA	DTV

Licensee/Permittee Name	FRN
Los Angeles Television Station KCAL LLC	0006653455

Fac. ID No.	Call Sign	City	State	Service
21422	KCAL-TV	LOS ANGELES	CA	DTV

Licensee/Permittee Name	FRN
Sacramento Television Stations Inc.	0003611969

Fac. ID No.	Call Sign	City	State	Service
51499	KMAX-TV	SACRAMENTO	CA	DTV
56550	KOVR	STOCKTON	CA	DTV

Licensee/Permittee Name	FRN
San Francisco Television Station KBCW Inc.	0003742632

Fac. ID No.	Call Sign	City	State	Service
69619	KPYX	SAN FRANCISCO	CA	DTV

Licensee/Permittee Name	FRN
Atlanta Television Station WUPA Inc.	0003474871

Fac. ID No.	Call Sign	City	State	Service
6900	WUPA	ATLANTA	GA	DTV

Licensee/Permittee Name	FRN
Television Station KTXA Inc.	0002057271

Fac. ID No.	Call Sign	City	State	Service
51517	KTXA	FORT WORTH	TX	DTV

Licensee/Permittee Name	FRN
Pittsburgh Television Station WPCW Inc.	0003742624

Fac. ID No.	Call Sign	City	State	Service
69880	WPKD-TV	JEANNETTE	PA	DTV

Licensee/Permittee Name	FRN
CBS Operations Investments Inc.	0028930774

Fac. ID No.	Call Sign	City	State	Service
74112	WTOG	ST. PETERSBURG	FL	DTV

Licensee/Permittee Name	FRN
Detroit Television Station WKBD Inc.	0002063931

Fac. ID No.	Call Sign	City	State	Service
51570	WKBD-TV	DETROIT	MI	DTV

Licensee/Permittee Name	FRN
CBS Mass Media Corporation	0004498853

Fac. ID No.	Call Sign	City	State	Service
70416	WBXI-CD	INDIANAPOLIS	IN	DCA

Licensee/Permittee Name	FRN
CBS LITV LLC	0021355177

Fac. ID No.	Call Sign	City	State	Service
73206	WLNY-TV	RIVERHEAD	NY	DTV

Licensee/Permittee Name	FRN
Philadelphia Television Station WPSG Inc.	0003742608

Fac. ID No.	Call Sign	City	State	Service
12499	WPSG	PHILADELPHIA	PA	DTV

Licensee/Permittee Name	FRN
The CW Television Stations Inc.	0003471398

Fac. ID No.	Call Sign	City	State	Service
23428	KSTW	TACOMA	WA	DTV

Licensee/Permittee Name	FRN
CBS Stations Group of Texas LLC.	0023035348

Fac. ID No.	Call Sign	City	State	Service
23422	KTVT	FORT WORTH	TX	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, 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.

Not Applicable.

### 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			
<b>FRN</b>	0019489467		
<b>Entity Name</b>	Shari Ellin Redstone Trust		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	846 University Avenue	
	<b>Street 2</b>		
	<b>City</b>	Norwood	
	<b>State ("NA" if non-U.S. address)</b>	MA	
	<b>Zip/Postal Code</b>	02062-2631	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Respondent		
<b>Positional Interests</b> (check all that apply)	Respondent		
<b>Tribal Nation or Tribal Entity</b>	Interest holder is not a Tribal nation or Tribal entity		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

Ownership Information			
<b>FRN</b>	0019287812		
<b>Name</b>	Shari Redstone		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	National Amusements, Inc.	
	<b>Street 2</b>	846 University Avenue	
	<b>City</b>	Norwood	
	<b>State ("NA" if non-U.S. address)</b>	MA	
	<b>Zip/Postal Code</b>	02062-2631	

	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Other - Voting Trustee		
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US	
	<b>Gender</b>	Female	
	<b>Ethnicity</b>	Not Hispanic or Latino	
	<b>Race</b>	White	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	100.0%	<b>Jointly Held?</b> No
	<b>Equity</b>	100.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

<b>(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.</b> If "No," submit as an exhibit an explanation.	Yes
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<b>(c) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings?</b>  If " <u>Yes</u> ," provide the following information for each such the relationship.	No
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<b>(d) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</b>  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.	No
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**Certification**

Section	Question	Response
<b>Authorized Party to Sign</b>	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 LICENSE --OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	

<b>Certification</b>	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>Trustee</b> Exact Legal Title or Name of Respondent: <b>Shari Ellin Redstone Trust</b> Name: <b>Shari Ellin Redstone</b> Phone: <b>7814611600</b>  11/21/2023
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