



(REFERENCE COPY - Not for submission)

Amendment to a Non-Commercial Broadcast Stations Biennial Ownership Report

File Number: **0000041277** | Submit Date: **2018-02-09** | FRN: **0023199839**

Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report Amendment** | Status: **Received** | Status Date: **02/09/2018** | Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0023199839	Stu-Comm, Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2250 Old Ivy Road Suite 2	Charlottesville	VA	22903	+1 (434) 971-4096	mkeefe@wnrn.org

2. Contact Representative

Name	Organization
David D. Oxenford	Wilkinson Barker Knauer, LLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1800 M Street, NW Suite 800N	Washington	DC	20036	+1 (202) 783-4141	doxenford@wbklaw.com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Licensee
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?	No

(b) Provide the following information about this report:	
Purpose	Biennial
"As of" date	10/01/2017 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.
Reason for Amendment	To add stations to report.

**5. Licensee(s)
and Station(s)**

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

Licensee/Permittee Name	FRN
Stu-Comm, Inc.	0023199839

Fac. ID No.	Call Sign	City	State	Service
8710	WNRN	CHARLOTTESVILLE	VA	FM
67683	WFTH	RICHMOND	VA	AM
74157	WNRS-FM	SWEET BRIAR	VA	FM

Section II – Biennial Ownership Information

**1. 47 C.F.R.
Section 73.3613
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. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents should select "Not Applicable" in response to this question.

Document Information	
Description of contract or instrument	Articles of Incorporation
Parties to contract or instrument	State of Virginia
Date of execution	09/1993
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	Constitution and Bylaws
Parties to contract or instrument	Stu-Comm, Inc.
Date of execution	02/1994
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: Constitution and Bylaws

**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, members of the governing board (or other governing entity), stockholders, 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	0023199839	
Entity Name	Stu-Comm, Inc.	
Address	PO Box	
	Street 1	2250 Old Ivy Road
	Street 2	Suite 2
	City	Charlottesville
	State ("NA" if non-U.S. address)	VA
	Zip/Postal Code	22903
	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%
	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?		No

Ownership Information		
FRN	9990121665	
Name	Shawn Brydge	
Address	PO Box	
	Street 1	1659 Hubbard Court
	Street 2	
	City	Charlottesville
	State ("NA" if non-U.S. address)	VA
	Zip/Postal Code	22903
	Country (if non-U.S. address)	United States

Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Financial Services Vice Officer	
By Whom Appointed or Elected	Board Members	
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	9.0%
	Equity	9.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information

FRN	9990121663	
Name	Henry Chambers	
Address	PO Box	
	Street 1	c/o University of Richmond, School of Law
	Street 2	28 Westhampton Way
	City	Richmond
	State ("NA" if non-U.S. address)	VA
	Zip/Postal Code	23173
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Professor of Law at the University of Richmond	
By Whom Appointed or Elected	Board Members	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	Black or African American

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	9.0%
	Equity	9.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990121661	
Name	Paul Wright	
Address	PO Box	
	Street 1	612 Preston Place
	Street 2	
	City	Charlottesville
	State ("NA" if non-U.S. address)	VA
	Zip/Postal Code	29903
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Real Estate Investor	
By Whom Appointed or Elected	Board of Directors	
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	9.0%
	Equity	9.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990121666	
Name	Siobhan Deeds	
Address	PO Box	
	Street 1	1 N. Main Street

	Street 2	
	City	Lexington
	State ("NA" if non-U.S. address)	VA
	Zip/Postal Code	24450
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	
Principal Profession or Occupation	Small Business Owner	
By Whom Appointed or Elected	Board Members	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	9.0%
	Equity	9.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information

FRN	9990121668	
Name	Lee Marraccini	
Address	PO Box	
	Street 1	1600 Kenwood Lane
	Street 2	
	City	Charlottesville
	State ("NA" if non-U.S. address)	VA
	Zip/Postal Code	22901
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Director	
Principal Profession or Occupation	Small Business Owner	

By Whom Appointed or Elected	Board Members	
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	9.0%
	Equity	9.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	9990121669	
Name	Aaron Mahler	
Address	PO Box	
	Street 1	c/o Sweet Briar College
	Street 2	134 Chapel Road
	City	Sweet Briar
	State ("NA" if non-U.S. address)	VA
	Zip/Postal Code	24595
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Director	
Principal Profession or Occupation	Director of Network Services at Sweet Briar College	
By Whom Appointed or Elected	Board Members	
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	9.0%
	Equity	9.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations		No

that do not appear on this report?

Ownership Information

FRN	9990121667	
Name	Laura Galgano	
Address	PO Box	
	Street 1	512 W. Main Street
	Street 2	
	City	Charlottesville
	State ("NA" if non-U.S. address)	VA
	Zip/Postal Code	22901
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Other - Director	
Principal Profession or Occupation	Small Business Owner	
By Whom Appointed or Elected	Board Members	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	9.0%
	Equity	9.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	No	

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable.

If "No," submit as an exhibit an explanation.

Yes

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?

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.

No

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.

Stu-Comm, Inc. is a single level licensee.

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 LICENSE --OR 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 of the Board Exact Legal Title or Name of Respondent: Stu-Comm, Inc. Name: Paul Wright Phone: 4349714096 02/09/2018