Response

No



#### Federal Communications Commission (REFERENCE COPY - Not for submission)

FRN

0010578474

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

File Number:0000043556Submit Date:2018-02-26FRN:0010578474Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:02/26/2018Filing Status:Active

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

GOLD COAST BROADCASTING CO.

### 1. Respondent

Entity Name

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
79 South Mendenhall	Memphis	TN	38117	+1 (256) 764-8121	nmartin@bigriverbroadcasting. com

### 2. Contact Representative

	Name	Organization
Dawn M. Sciarrino & Schubert, PLLC	Dawn M. Sciarrino	Sciarrino & Schubert, PLLC

Street	City (and Country if non U.S.		Zip		
Address	address)	State	Code	Phone	Email
4601 NORTH FAIRFAX DRIVE Suite 1200	Arlington	VA	22203	+1 (202) 256- 9551	dawn@sciarrinolaw. com

### 3. Application Filing Fee

### Question

Is this application being submitted without a filing fee?

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	MAR	1	95	\$70.00
			•	·	Total	\$70.00

# 4. Nature of Respondent

(a) Provide the following information about the Respondent:		
Relationship to stations/permits	Licensee	
Nature of Respondent	General partnership	

(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.

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

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

Licen	see/Permittee Name	FRN
GOL	D COAST BROADCASTING CO.	0010578474

Fac. ID No.	Call Sign	City	State	Service
87463	WLVS-FM	CLIFTON	TN	FM

### 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	Partnership Agreement		
Parties to contract or instrument	Partners		
Date of execution	01/1977		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Partnership Agreement		

**Document Information** 

Description of contract or instrument	Local Programming and Marketing Agreement
Parties to contract or instrument	Gold Coast Broadcasting Company and Nunley Media Group, LLC
Date of execution	07/2017
Date of expiration	07/2018
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Local Programming and Marketing 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	0010578474			
Entity Name	GOLD COAST BROADCASTING CO.			
Address	PO Box	Зох		
	Street 1	79 South Mendenhall		
	Street 2			
	City	Memphis		
	State ("NA" if non-U.S. address)	TN		
	Zip/Postal Code	38117		
	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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No	

	Equity 0.0%		
	Total assets (Equity Debt Plus)	0.0%	
s interest holder have an	more broadcast stations	No	

Does interest holder have an attributable interest in one or more broadcast station
that do not appear on this report?

Ownership Information			
FRN	0019434323	0019434323	
Name	KNOX PHILLIPS	KNOX PHILLIPS	
Address	PO Box	PO Box	
	Street 1	15590 HIGHWAY 196	
	Street 2		
	City	EADS	
	State ("NA" if non-U.S. address)		
	Zip/Postal Code		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Other - Trustee		
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 an attributable interest in one or more broadcast stations Yes that do not appear on this report?			Yes

### **Ownership Information**

FRN	0019434265	
Name	JERRY PHILLIPS	
Address	PO Box	
	Street 1	79 SOUTH MENDENHALL
	Street 2	
	City	MEMPHIS

State ("NA" if non-U.S. address)	TN	
Zip/Postal Code 38117		
Country (if non-U.S. address)	United States	
Other Interest Holder		
Other - Trustee		
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%	
	address)Zip/Postal CodeCountry (if non-U.S. address)Other Interest HolderOther - TrusteeCitizenshipGenderEthnicityRaceVotingEquityTotal assets (Equity Debt	address)Zip/Postal Code38117Country (if non-U.S. address)United Statesddress)United StatesOther Interest HolderOther - TrusteeOther - TrusteeUSGenderMaleEthnicityNot Hispanic or LatinoRaceWhiteVoting0.0%Equity0.0%

that do not appear on this report?

Ownership Information				
FRN	0027275395			
Entity Name	Jerry Layne Phillips Revocable Living Trust			
Address	PO Box			
	Street 1	79 SOUTH MENDENHALL		
	Street 2			
	City	MEMPHIS		
	State ("NA" if non-U.S. address)	TN		
	Zip/Postal Code	38117		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	General Partner			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity			
Interest Percentages (enter percentage values	Voting	50.0% Jointly Held? No		
from 0.0 to 100.0)	Equity 50.0%			
	Total assets (Equity Debt Plus)	50.0%		

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?

Yes

Ownership Information				
FRN	0027275460			
Entity Name	Samuel Knox Phillips Revocable Living Trust			
Address	PO Box			
	Street 1	15590 HIGHWAY 196		
	Street 2			
	City	EADS		
	State ("NA" if non-U.S. address)	TN		
	Zip/Postal Code	38028		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	General Partner			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity			
Interest Percentages (enter percentage values	Voting	50.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity 50.0%			
	Total assets (Equity Debt50.0%Plus)			
Does interest holder have an attributable interest in one or more broadcast stationsYesthat do not appear on this report?			Yes	
(b) Respondent certifies that interests, not reported in this If "No," submit as an exhibit an		y, financial, or voting	Yes	



(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.

raminy kelationships			
FRN	0019434265	Name	JERRY PHILLIPS
FRN	0019434323	Name	KNOX PHILLIPS
Relationship	Siblings		

No

#### Family Relationships

(e) Is Respondent seeking an attribution exemption for any officer or director with 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.

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.

### **Section III - Certification**

Cal	rtifia	ation	
Ce		ation	

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>TRUSTEE OF JERRY L.</b> <b>PHILLIPS REVOCABLE LIVING TRUST</b> Exact Legal Title or Name of Respondent: <b>GOLD COAST BROADCASTING COMPANY</b> Name: <b>JERRY I. PHILLIPS</b> Phone: <b>2567648121</b> 02/25/2018