Approved by OMB (Office of Management and Budget) 3060-0084
July 2019

Federal Communications Commission

(REFERENCE COPY - Not for submission)

Noncommercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323-E)

File Number: **0000055714** | Submit Date: **2018-07-02** | FRN: **0001800689**

Purpose: **Noncommercial Broadcast Stations Non-Biennial Ownership Report** | Status: **Received** | Status Date: **07/02/2018** | Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0001800689	BLACK MEDIA WORKS INC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1150 West King Street	Cocoa	FL	32922	+1 (321) 632-1000	rkassis@cfl.rr.com

2. Contact Representative

Name	Organization
Mark Lipp	Fletcher Heald & Hildreth PLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N. 17th Street 11th Floor	Arlington	VA	22209	+1 (703) 812-0445	lipp@fhhlaw.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	Transfer of control or assignment of license/permit
"As of" date	07/02/2018 **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) /Permittees(s)

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

and Station(s) /Permit(s)

Licensee/Permittee Name	FRN
BLACK MEDIA WORKS INC	0001800689

Fac. ID No.	Call Sign	City	State	Service
5488	WJFP	FORT PIERCE	FL	FM
18556	KAYT	JENA	LA	FM
84098	WJCB	CLEWISTON	FL	FM
93959	WRRJ	COCOA BEACH	FL	FM
189489	KQJO	ST. JOSEPH	LA	FM

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents

Licensee/Permittee Respondents 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/Permittee 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 Florida
Date of execution	02/1991
Date of expiration	No expiration date
Agreement type (check all that apply)	Other **Agreement Type:** Formation document.

Document Information	
Description of contract or instrument	By Laws
Parties to contract or instrument	State of Florida
Date of execution	02/1991
Date of expiration	No expiration date
Agreement type (check all that apply)	Other **Agreement Type:** Formation document.

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) or Permittee(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) or Permittee(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	0001800689	
Entity Name	BLACK MEDIA WORKS INC	
Address	**PO Box**	
	Street 1	1150 West King Street
	Street 2	
	City	Cocoa
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	32922
	Country (if non-U.S. address)	United States
Listing Type	Respondent	
Positional Interests (check all that apply)	Respondent	
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	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	0019384338	
Name	Kimberly H. Kassis	
Address	**PO Box**	
	Street 1	78 Country Club Raod
	Street 2	
	City	Cocoa
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	32931
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	

Principal Profession or Occupation	Radio Broadcaster	
By Whom Appointed or Elected	Board election	
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	33.3%
	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	0020025243	
Name	Josephine Lian	
Address	**PO Box**	
	Street 1	511 8th Avenue
	Street 2	
	City	Brooklyn
	State ("NA" if non-U.S. address)	NY
	Zip/Postal Code	11215
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Health Administrator	
By Whom Appointed or Elected	Board election	
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	33.3%
	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	0011313301	
Name	ROBYN M. DESANTI	
Address	**PO Box**	
	Street 1	1150 West King Street
	Street 2	
	City	Cocoa
	State ("NA" if non-U.S.	FL

	address)	
	Zip/Postal Code	32922
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Radio Broadcaster	
By Whom Appointed or Elected	Board election	
Interest Percentages (enter percentage values from 0.0 to 100.0)	**Voting**	33.3%
	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

(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

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: **Board Member** Exact Legal Title or Name of Respondent: **Black Media Works Inc.** Name: **Kimberly H. Kassis** Phone: **3216321000** 07/02/2018