

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

 File Number:
 0000073822
 Submit Date:
 2019-05-31
 FRN:
 0028521284

 Purpose:
 Commercial Broadcast Stations Non-Biennial Ownership Report
 Status:
 Received
 Status Date:

 05/31/2019
 Filing Status:
 Active
 Status:
 Status:
 Status:

Section I - General Information

1. Respondent

FRN	Name
0028521284	Michael Powell

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
829 White Oaks Lane	Pocomoke	MD	21851	+1 (757) 894- 5765	MIKEP540979@GMAIL. COM

Organization

2. Contact Representative

John C. Trent, Esq. Street Address City (and Country if non U.S. address) Sta		Pu	Putbrese Hunsaker & Trent, PC			
		State	Zip Code	Phone	Email	
200 South	Woodstock	VA	22664	+1 (540) 459-7646		

Not Applicable

Name

Church Street

3. Application Filing Fee

4. Nature of Respondent

(a) Provide the following information about the Respondent	e the following information about the Respondent:			
Relationship to stations/permits	Licensee			
Nature of Respondent	Sole proprietorship			

(b) Provide the following information about this report:

Purpose	Transfer of control or assignment of license/permit
"As of" date	05/25/2019
	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.

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

Licensee/Permittee Name				FRN		
Michael Powell			0028521284			
Fac. ID No.	Call Sign	City		State	Service	
67576	WXSH	POCOMOKE CITY		MD	FM	

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents	through (c) for the facility or facil attributable Joint Sales Agreement the agreement is an attributable	ermittee Respondents should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) for the facility or facilities listed on this report. In addition, attributable Local Marketing Agreements (LMAs) and Joint Sales Agreements (JSAs) must be disclosed by the licensee of the brokering station on its ownership report. If ent is an attributable LMA, an attributable JSA, or a network affiliation agreement, check the appropriate box. select "Other." Non-Licensee/Permittee Respondents should select "Not Applicable" in response to this question.			
2. Ownership Interests	enter detailed information about ownership interests by subform. The first subform listing should be for the Respondent the officers, directors, stockholders, non-insulated partners, direct attributable interest in the Respondent pursuant to the rest is one that is not held through any intervening companies erest in the Respondent separately.				
			nk for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R.		
	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.				
		such a structure do not report, or	holding companies or other forms of indirect ownership must file file a separate report for, any interest holder that does not have ch the report is being submitted.		
	Please see the Instructions for further detail concerning interests that must be reported in response to this question.				
		-	mber for each interest holder reported in response to this question. guidance concerning this requirement.		
	Ownership Information				
	FRN	0028521284			
	Name	Michael Powell			
	Address	PO Box			
		Street 1	829 White Oaks Lane		
		Street 2			
		City	Pocomoke		
		State ("NA" if non-U.S. address)	MD		
		Zip/Postal Code	21851		
		Country (if non-U.S. address)	United States		
	Listing Type	Respondent			
Positional Interests Respondent (check all that apply) (check all that apply)					

Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
from 0.0 to 100.0)	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	No
	nat any interests, including equi his filing are non-attributable. an explanation.	ty, financial, or voting	Yes

(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in	No
the same market as any station for which this report is	
filed, as defined in 47 C.F.R. Section 73.3555?	
If " <u>Yes</u> ," provide information describing the interest(s), using	
EITHER the subform OR the spreadsheet option below.	
Respondents with a large number (50 or more) of entries to	
submit should use the spreadsheet option.	
NOTE: Spreadsheets must be submitted in a special XML	
Spreadsheet format with the appropriate structure that is	
specified in the documentation. For instructions on how to	
use the spreadsheet option to complete this question	
(including templates to start with), please Click Here.	
If using the subform, 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	
newspaper entity solely on the basis of the Commission's	
Equity Debt Plus attribution standard, 47 C.F.R. Section	
73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA"	
into the percentage of total assets (Equity Debt Plus) field	
for an interest holder unless that interest holder has an	
attributable interest in the newspaper entity solely on the	
basis of the Commission's Equity Debt Plus attribution	
standard.	
The Deependent must provide an EQO Deviatestics Must	
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.	

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

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

No

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.

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 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: Owner Exact Legal Title or Name of Respondent: Michael Powell Name: Michael Powell Phone: 7578945765 05/31/2019