

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

File Number: 0000075103 Submit Date: 2019-06-28 FRN: 0028454726 Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report Status: **Received** Status Date: 06/28/2019 Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0028454726	Shanks Broadcasting, LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
429 River North Blvd.	Macon	GA	31211	+1 (478) 390- 1667	bshanks13@yahoo. com

2. Contact Representative

Na	ame	Org	anization		
Jo	ohn C. Trent, Esq.	Put	brese Huns	aker & Trent, P.C.	
			Zip		F

Street Address	City (and Country if non U.S. address)	State	Code	Phone	Email
200 South CHURCH ST.	WOODSTOCK	VA	22664	+1 (540) 459-7646	fccman3@shentel.net

3. Application **Filing Fee**

Not Applicable

4. Nature of Respondent

Relationship to stations/permits	Licensee
Nature of Respondent	Limited liability company

Purpose	Transfer of control or assignment of license/permit
"As of" date	06/03/2019
	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/Permitte	ee Name	FRN	FRN	
Shanks Broadcasting, LLC			0028454726	
Fac. ID No.	Call Sign	City	State	Service
26623	WDXQ	COCHRAN	GA	AM
41988	WXKO	FORT VALLEY	GA	AM
60414	WCEH-FM	PINEHURST	GA	FM
67705	WCEH	HAWKINSVILLE	GA	AM
141571	W226BZ	MACON	GA	FX
150114	W244CL	COCHRAN	GA	FX
153357	W290BD	MONTEZUMA	GA	FX
170973	WWKM	ROCHELLE	GA	FM
201185	W284DE	FORT VALLEY	GA	FX
201216	W241CO	HAWKINSVILLE	GA	FX

Section II – Non-Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other 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. 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/Permittee Respondents should select "Not Applicable" in response to this question.

Document Information			
Description of contract or instrument	Certificate of Authority		
Parties to contract or instrument	State of Georgia		
Date of execution	07/2018		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: LLC Formation Docs.		

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) 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	0028454726	0028454726			
Entity Name	Shanks Broadcasting, LLC	Shanks Broadcasting, LLC			
Address	PO Box				
	Street 1	429 River North Blvd.			
	Street 2				
	City	Macon	Macon		
	State ("NA" if non-U.S. address)	GA			
	Zip/Postal Code	31211			
	Country (if non-U.S. address)	United States			
Listing Type	Respondent				
Positional Interests (check all that apply)	Respondent				
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 an attributable interest in one or more broadcast stations No that do not appear on this report?			No		

Ownership Information

ownership information				
FRN	9990135933			
Name	Bill Shanks			
Address	PO Box			
	Street 1	429 River North Blvd.		
	Street 2			
	City	Macon		
	State ("NA" if non-U.S. address)	GA		
	Zip/Postal Code	31211		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	LC/LLC/PLLC Member			
Interest Percentages (enter percentage values	Voting 33.3% Jointly Held		Jointly Held? No	

from 0.0 to 100.0)	Total assets (Equity Debt Plus)	33.3%		
Does interest holder have an attributable interest in one or more broadcast stations No				

that do I	not appear on	this report?
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FRN	0028610715		
Entity Name	Road Trip, LLC		
Address	PO Box		
	Street 1	P.O. Box One	
	Street 2		
	City	Macon	
	State ("NA" if non-U.S. address)	GA	
	Zip/Postal Code	31202	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	66.6%	Jointly Held? No
	Total assets (Equity Debt Plus)	66.6%	
Does interest holder have	an attributable interest in one o	r more broadcast stations	No

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes
interests, not reported in this filing are non-attributable.	
If "No," submit as an exhibit an explanation.	



(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 No 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.

Certif	ication

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: Managing Member Exact Legal Title or Name of Respondent: Shanks Broadcasting, LLC Name: Bill Shanks Phone: 4783901667 06/28/2019