Response

No



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000095781Submit Date:2020-01-08FRN:0003794948Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:01/09/2020Filing Status:Active

Section I - General Information

1. Respondent

FRN	Entity Name
0003794948	SNE Broadcasting Ltd.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
456 Rock Street	Fall River	МА	02722	+1 (508) 679- 2704	bob@karamfg. com

2. Contact Representative

Name	Organization
John F. Garziglia	Womble Bond Dickinson (US) LLP

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1200 19th Street, N.W., Suite 500	Washington	DC	20036	+1 (202) 857- 4466	John.Garziglia@wbd-us. 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	For-profit corporation	

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2019
	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.

5. Licensee(s) and Station(s)

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

Licensee/Permittee Name	FRN
SNE Broadcasting Ltd.	0003794948

Fac. ID No.	Call Sign	City	State	Service
60701	WHTB	FALL RIVER	MA	AM
200240	W229DC	FALL RIVER	MA	FX

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	Articles of Organization		
Parties to contract or instrument	Massachusetts		
Date of execution	03/1989		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Articles of Organization		

Document Information			
Description of contract or instrument	By-Laws		
Parties to contract or instrument	Shareholders		
Date of execution	03/1989		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: By-Laws		

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.

002704049				
0003794948				
SNE Broadcasting Ltd.				
PO Box				
Street 1	456 Rock Street			
itreet 2				
Sity	Fall River			
state ("NA" if non-U.S. ddress)	MA 02722			
ip/Postal Code				
country (if non-U.S. ddress)	United States			
Respondent				
Respondent				
nterest holder is not a Tribal na	ation or Tribal entity			
'oting	0.0%	Jointly Held? No		
	O Box treet 1 treet 2 ity tate ("NA" if non-U.S. ddress) ip/Postal Code ountry (if non-U.S. ddress) espondent espondent terest holder is not a Tribal na	O Box 456 Rock Street treet 1 456 Rock Street treet 2 Fall River ity Fall River tate ("NA" if non-U.S. ddress) MA ip/Postal Code 02722 ountry (if non-U.S. ddress) United States espondent espondent		

Ownership Information

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

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

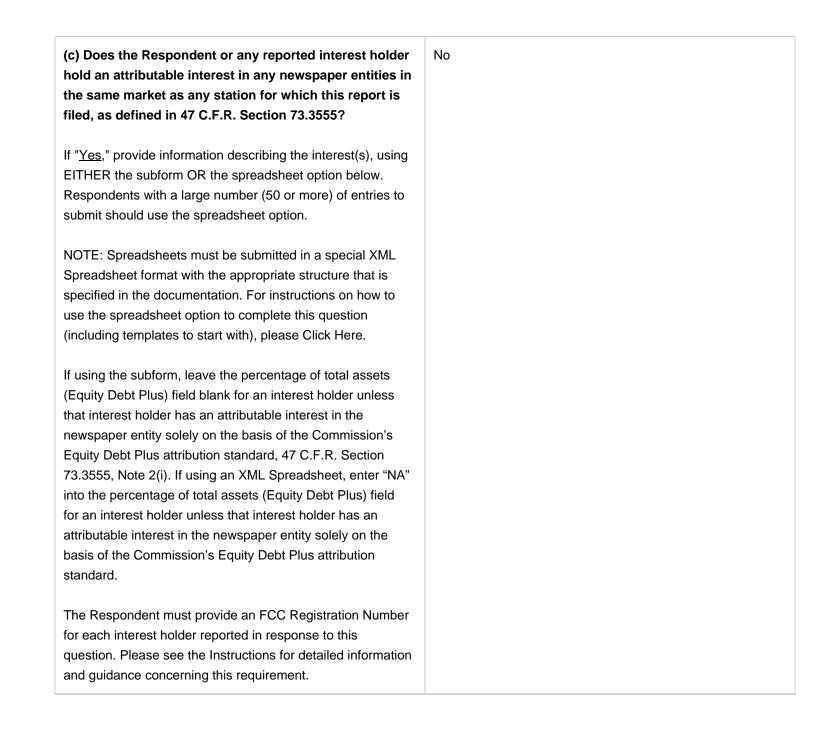
Ownership Information			
FRN	0019327410		
Name	Robert S. Karam		
Address	PO Box		
	Street 1	500 Albany Street	
	Street 2		
	City	Fall River	
	State ("NA" if non-U.S. address)	МА	
	Zip/Postal Code	02720	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
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 from 0.0 to 100.0)	Voting	50.0%	Jointly Held? No
	Equity	50.0%	
	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	0019327519	
Name	James J. Karam	
Address	PO Box	
	Street 1	35 Nanaquaket Road
	Street 2	
	City	Tiverton

	State ("NA" if non-U.S. address)	RI	
	Zip/Postal Code	02878	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
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)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes
	nat any interests, including equi his filing are non-attributable.	ty, financial, or voting	Yes

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 Yes or related to each other as parentchild or as siblings?

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

Family Relationships			
FRN	0019327410	Name	Robert S Karam
FRN	0019327519	Name	James J Karam
Relationship	Siblings		

No

Eamily Polationshing

(e) 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.

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

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: President Exact Legal Title or Name of Respondent: SNE Broadcasting, Ltd. Name: Robert S. Karam Phone: 5086792704 01/08/2020