

#### (REFERENCE COPY - Not for submission)

FRN

0005809900

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

**Entity Name** 

 File Number:
 0000092293
 Submit Date:
 2019-12-02
 FRN:
 0005809900

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 12/02/2019

 Filing Status:
 Active
 Status:
 Status
 Status Date:
 12/02/2019

## **Section I - General Information**

## 1. Respondent

## COASTAL BROADCASTING OF LAROSE, INC.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
P.O. DRAWER 1350	LAROSE	LA	70373	+1 (985) 798- 7792	jerryg@klrzfm. com

## 2. Contact Representative

Name	Organization	
Mark A. Balkin	HARDY, CAREY, CHAUTIN & BALKIN, L.L.P.	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1080 WEST CAUSEWAY APPROACH	Mandeville	LA	70471	+1 (985) 629- 0777	mbalkin@hardycarey. com

## 3. Application Filing Fee

## Question Response Is this application being submitted without a filing fee? No

Fees	Application Type	Form Number	Fee Code	Quantity	Fee Amount	Subtotal
	Biennial	Form 323	MAR	2	95	\$140.00
				-	Total	\$140.00

## 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
COASTAL BROADCASTING OF LAROSE, INC.	0005809900

Fac. ID No.	Call Sign	City	State	Service
8381	KLEB	GOLDEN MEADOW	LA	AM
19212	KLRZ	LAROSE	LA	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	ARTICLES OF INCORPORATION		
Parties to contract or instrument	STATE OF LOUISIANA		
Date of execution	05/1998		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Entity Formation		

Document Information		
Description of contract or instrument	BYLAWS	
Parties to contract or instrument	DIRECTORS	
Date of execution	05/1998	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: Entity Formation	

## 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	0005809900			
Entity Name	COASTAL BROADCASTING OF LAROSE, INC.			
Address	PO Box			
	Street 1	P.O. DRAWER 1350		
	Street 2			
	City	LAROSE		
	State ("NA" if non-U.S. address)	LA		
	Zip/Postal Code	70373		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity			
(enter percentage values No				

### **Ownership Information**

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

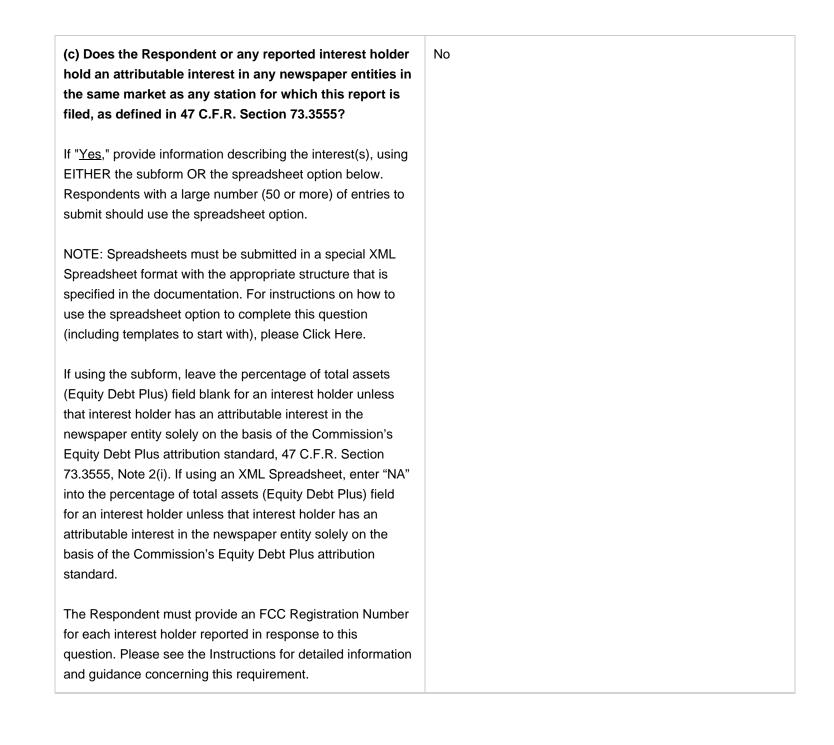
Does interest holder have an attributable interest in one or more broadcast station
that do not appear on this report?

Ownership Information			
FRN	0010204196	0010204196	
Name	Jerry J. Gisclair		
Address	PO Box		
	Street 1	157 BAYOU PORTUGUESE DR.	
	Street 2		
	City	LAROSE	
	State ("NA" if non-U.S. address)	LA	
	Zip/Postal Code	70373	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder, Other - President		
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	51.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	51.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes

### **Ownership Information**

FRN	0019235225	
Name	Linda Gisclair	
Address	PO Box	
	Street 1	157 BAYOU PORTUGUESE DRIVE
	Street 2	
	City	LAROSE

	State ("NA" if non-U.S. address)	LA	
	Zip/Postal Code	70373	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder, Other - Secretary		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	49.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	49.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one c report?	or more broadcast stations	No
	nat any interests, including equi his filing are non-attributable. an explanation.	ity, 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.

Family Relationships			
FRN	0019235225	Name	Linda Gisclair
FRN	0010204196	Name	Jerry J Gisclair
Relationship	Spouses		

# (e) Is Respondent seeking an attribution exemption for any officer or director with<br/>duties wholly unrelated to the Licensee(s)?NoIf "Yes," complete the information in the required fields and submit an Exhibit fully describingIf

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**

## 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: <b>President</b> Exact Legal Title or Name of Respondent: <b>COASTAL BROADCASTING OF LAROSE,</b> <b>INC.</b> Name: <b>Jerry Gisclair</b> Phone: <b>9857987792</b> 12/02/2019