

(REFERENCE COPY - Not for submission)

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

File Number: **0000094086** Submit Date: **2019-12-24** FRN: **0002059459** 

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 12/24/2019

Filing Status: Active

#### **Section I - General Information**

### 1. Respondent

FRN	Entity Name
0002059459	Blue Ridge Radio Inc

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
325 Poplar Knob Road	Galax	VA	24333	+1 (407) 760- 7000	brian@classiccountry98.

# 2. Contact Representative

Name	Organization
John S. Neely, Esq.	Miller and Neely, PC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
3750 University Blvd., West Suite 203	Kensington	MD	20895	+1 (301) 933-6304	johnsneely@yahoo.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	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
Blue Ridge Radio Inc	0002059459

Fac. ID No.	Call Sign	City	State	Service
5986	WBRF	GALAX	VA	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	company	
Date of execution	09/1984	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: organizational document	

#### **Document Information**

Description of contract or instrument	by laws
Parties to contract or instrument	company
Date of execution	09/1984
Date of expiration	No expiration date
Agreement type (check all that apply)	Other  Agreement Type: organizational 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, 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.

0002059459				
Blue Ridge Radio Inc				
PO Box				
Street 1	325 Poplar Knob Road	325 Poplar Knob Road		
Street 2				
City	Galax			
State ("NA" if non-U.S. address)	VA			
Zip/Postal Code	24333			
Country (if non-U.S. address)	United States			
Respondent				
Respondent				
Interest holder is not a Tribal nation or Tribal entity				
Voting	0.0%	Jointly Held? No		
Equity	0.0%			
	Blue Ridge Radio Inc  PO Box  Street 1  Street 2  City  State ("NA" if non-U.S. address)  Zip/Postal Code  Country (if non-U.S. address)  Respondent  Respondent  Interest holder is not a Tribal  Voting	Blue Ridge Radio Inc  PO Box  Street 1 325 Poplar Knob Road  Street 2  City Galax  State ("NA" if non-U.S. address)  Zip/Postal Code 24333  Country (if non-U.S. address)  Respondent  Respondent  Interest holder is not a Tribal nation or Tribal entity  Voting 0.0%		

Total assets (Equi	ty Debt 0.0%	
Does interest holder have an attributable interest that do not appear on this report?	t in one or more broadcast station	s No

Ownership Information				
FRN	0019399716			
Name	Deborah E. Sizer-Stringer	Deborah E. Sizer-Stringer		
Address	PO Box			
	Street 1	325 Poplar Knob Road		
	Street 2			
	City	Galax		
	State ("NA" if non-U.S. address)	VA		
	Zip/Postal Code	24333		
	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	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Race White		
Interest Percentages (enter percentage values	Voting	40.0% Jointly Held?		
from 0.0 to 100.0)	Equity	40.0%		
Total assets (Equity Debt 40.0% Plus)				
Does interest holder have a	an attributable interest in one o	r more broadcast stations	Yes	

Ownership Information		
FRN	0019312909	
Name	Kelly Epperson	
Address	PO Box 1678	
	Street 1	
	Street 2	
	City	Mt Airy
	State ("NA" if non-U.S. address)	NC

	Zip/Postal Code	27030		
	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	40.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	40.0%		
	Total assets (Equity Debt Plus)	40.0%		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	Yes	

Ownership Information				
FRN	0019834860			
Name	STUART W. EPPERSON, JR.			
Address	РО Вох	Вох		
	Street 1	325 Poplar Knob Road		
	Street 2			
	City	Galax		
	State ("NA" if non-U.S. address)	VA		
	Zip/Postal Code	24333		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	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	Voting	10.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	10.0%		

Total assets (Equity Debt Plus)	10.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		Yes

	242242:==				
FRN	2130013176	2130013176			
Name	Brian Sizer				
Address PO Box					
	Street 1	325 Poplar Knob Road			
	Street 2				
	City	Galax	Galax		
	State ("NA" if non-U.S. address)	VA			
	Zip/Postal Code	24333			
	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	Voting	10.0%	Jointly Held? No		
from 0.0 to 100.0)	Equity	10.0%			
	Total assets (Equity Debt Plus)	10.0%			
Does interest holder have that do not appear on this	an attributable interest in one or report?	r more broadcast stations	No		
			·		
(b) Respondent certifies th	at any interests, including equit	y, financial, or voting	Yes		

(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in the same market as any station for which this report is filed, as defined in 47 C.F.R. Section 73.3555?

If "Yes," 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 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.

No

(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other or related to each other as parentchild or as siblings?

Yes

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

Family Relationships			
FRN	0019399716	Name	Deborah E Sizer-Stringer
FRN	2130013176	Name	Brian Sizer
Relationship	Parent/Child		

Family Relationships				
FRN	0019399716	Name	Deborah E Sizer-Stringer	
FRN	0019312909	Name	Kelly Epperson	
Relationship	Siblings			

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

No

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.

# 3. Organizational Chart (Licensees Only)

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.

Licensee has no parent entity

#### **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>Blue Ridge Radio, Inc.</b> Name: <b>Deborah S Stringer</b> Phone: <b>4077607000</b>