

Federal Communications Commission (REFERENCE COPY - Not for submission)

FRN

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Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number:0000095567Submit Date:2020-01-07FRN:0001807494Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:Status: Date:01/07/2020Filing Status:Active

Section I - General Information

1. Respondent

Entity Name

0001807494 A		Alpine Broadc	Alpine Broadcasting Corporation			
Street Address	City (and Count address)	try if non U.S.	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
11800 Tamiami	Naples		FL	34113	+1 (239) 793- 1011	donnaalpert@icloud. com

2. Contact Representative

Name	Organization
Larry D. Perry, ESQ.	Attorney

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
11464 Saga Lane	Knoxville	TN	37931	+1 (865) 927-8474	larryperry@att.net

3. Application Filing Fee

Not Applicable

4. Nature of Respondent

(a) Provide the following information about the Respondent:				
Relationship to stations/permits	Entity required to file a Form 323 because it holds an attributable interest in one or more Licensees			
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.

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

Licensee/Permitte	Licensee/Permittee Name			FRN		
Alpine Broadcasting Corporation			0001807494	0001807494		
Fac. ID No.	Call Sign	City	State	Service		
1154	WAVV	NAPLES PARK	FL	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.			
2. Ownership Interests	. Ownership (a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each guestion on each subform. The first subform listing should be for the Respo			
	Ownership Information			
	FRN	0001807494		
	Entity Name	Alpine Broadcasting Corporation	on	
	Address	PO Box		
		Street 1	11800 Tamiami Trail	
		Street 2		
		City	Naples	
	State ("NA" if non-U.S. FL address) FL			
	Zip/Postal Code 34113			
	Country (if non-U.S. United States 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			
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have that do not appear on this	an attributable interest in one o report?	or more broadcast stations	No	

Ownership Information FRN 9990135553 Name Donna Alpert Address **PO Box** Street 1 217 Bayfront Dr. Street 2 City **Bonita Springs** State ("NA" if non-U.S. FL address) **Zip/Postal Code** 34134 Country (if non-U.S. **United States** address) Listing Type Other Interest Holder **Positional Interests** Officer, Other - Co-Personal Representative of Estate of Norman Alpert (check all that apply) US Citizenship, Gender, Citizenship Ethnicity, and Race Gender Female Information (Natural Persons Only) Not Hispanic or Latino Ethnicity White Race 45.0% **Interest Percentages** Voting **Jointly Held?** (enter percentage values No from 0.0 to 100.0) Equity 45.0% **Total assets (Equity Debt** 45.0% Plus) Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?

 Ownership Information

 FRN
 9990135554

 Name
 Laura Lee Lamparyk

Street 1	544 Caarpenter Court		
Street 2			
City	NAPLES		
State ("NA" if non-U.S. address)	FL		
Zip/Postal Code	34110		
Country (if non-U.S. address)	United States		
Other Interest Holder			
Other - Co-Personal Represe	er - Co-Personal Representative of Estate of Norman Alpert		
Citizenship	US		
Gender	Female		
Ethnicity	Not Hispanic or Latino		
Race	White		
Voting	45.0%	Jointly Held? No	
Equity	45.0%		
Total assets (Equity Debt Plus)	45.0%		
an attributable interest in one o report?	r more broadcast stations	No	
	Street 2CityState ("NA" if non-U.S. address)Zip/Postal CodeCountry (if non-U.S. address)Other Interest HolderOther - Co-Personal RepreseOther - Co-Personal RepreseEthnicityGenderEthnicityRaceVotingEquityTotal assets (Equity Debt Plus)autributable interest in one or	Street 2 NAPLES City NAPLES State ("NA" if non-U.S. address) FL Zip/Postal Code 34110 Country (if non-U.S. address) United States Other Interest Holder United States Other - Co-Personal Representative of Estate of Norman Alpertities Female Ethnicity Not Hispanic or Latino Race White Voting 45.0% Total assets (Equity Debt Plus) 45.0%	

(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.

Certificatio	n

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: President Name: Donna Alpert Phone: 2397779288
		01/07/2020