

Amendment to a Commercial Broadcast Stations Biennial Ownership Report

 File Number:
 0000100495
 Submit Date:
 2020-02-24
 FRN:
 0023172752

Purpose: Commercial Broadcast Stations Biennial Ownership Report AmendmentStatus: ReceivedStatus Date:02/24/2020Filing Status: Active

Section I - General Information

1. Respondent

 FRN
 Entity Name

 0023172752
 Media Advisors, LLC

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1664 S. Dixie Drive. Suite D- 104	St. George	UT	84770	+1 (435) 628- 2948	swoodworth@edingerlaw. net

2. Contact Representative

Name	Organization
Scott Woodworth	Edinger Associates LLP

Street	City (and Country if non U.S.		Zip		
Address	address)	State	Code	Phone	Email
1725 I Street, NW Suite 300	Washington	DC	20006	+1 (202) 747- 1694	swoodworth@edingerlaw. net

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
					Total	

4. Nature of Respondent

(a) Provide the following information about the Responden	t:
Relationship to stations/permits	Licensee
Nature of Respondent	Limited liability company

(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.
Reason for Amendment	Address Correction

5. Licensee(s) and Station(s)

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

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Licensee/Permittee Name			FRN	
Media Advisors, LLC			0023172752	
		City	Ctoto	Comico
Fac. ID No.	Call Sign	City	State	Service

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Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 and Other Documents

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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	Licensee/State of Utah		
Date of execution	11/2013		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Details as to Licensee's membership and management.		

Document Information			
Description of contract or instrument	LLC Operating Agreement		
Parties to contract or instrument	Licensee		
Date of execution	11/2013		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other Agreement Type: Licensee's management and operational procedures		

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	0023172752			
Entity Name	Media Advisors, LLC			
Address	PO Box			
	Street 1	1664 S. Dixie Drive.		
	Street 2	Suite D-104		
	City	St. George		
	State ("NA" if non-U.S. address)	UT		
	Zip/Postal Code	84770		
	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			
Interest Percentages (enter percentage values	Voting 0.0% Jointly Held? No			

Ownership Information

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

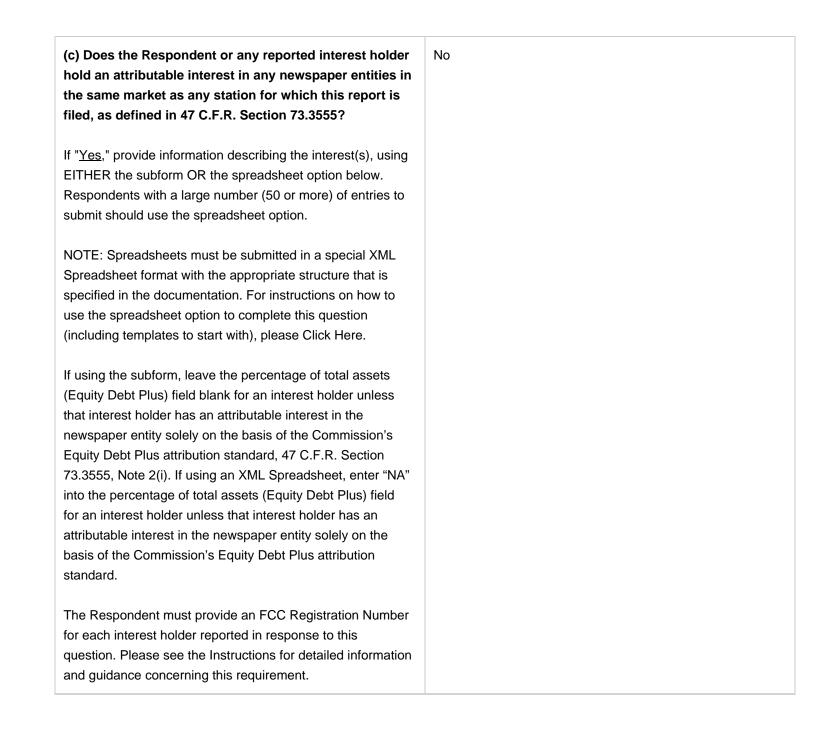
Does interest holder have an attributable interest in one or more broadcast stations	
that do not appear on this report?	

Ownership Information			
FRN	0011457363		
Name	G Craig Hanson		
Address	PO Box		
	Street 1	1659 W. Red Cloud Drive	
	Street 2		
	City	St. George	
	State ("NA" if non-U.S. address)	UT	
	Zip/Postal Code	84770	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member, Other - LLC Managing Member		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race nformation (Natural Persons Only)	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race White		
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	50.0%	
	Total assets (Equity Debt Plus)	50.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	Yes

Ownership Information

FRN	0023172778	
Name	Marilyn O. Hanson	
Address	PO Box	
	Street 1	1659 W. Red Cloud Drive
	Street 2	
	City	St. George

	State ("NA" if non-U.S. address)	UT	
	Zip/Postal Code	84770	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member		
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	0.0%	Jointly Held? No
from 0.0 to 100.0)	Equity	50.0%	
	Total assets (Equity Debt Plus)	50.0%	
Does interest holder have that do not appear on this	an attributable interest in one c report?	or more broadcast stations	Yes
	nat any interests, including equination in the second straight str	ty, 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	0011457363	Name	G Craig Hanson
FRN	0023172778	Name	Marilyn O Hanson
Relationship	Spouses		

Family Relationships

(e) Is Respondent seeking an attribution exemption for any officer or director with	No
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: President Name: G Craig Hanson Phone: 4356282948 02/24/2020