

Commercial Broadcast Stations Non-Biennial Ownership Report (FCC Form 323)

File Number: 0000137199 Submit Date: 2021-02-26 FRN: 0004078598 Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report Status: Received Filing Status: Active 02/26/2021

Status Date:

Section I - General Information

1. Respondent

FRN **Entity Name** 0023107956 Rita M. McBride Irrevocable Trust of 2012 fbo lineal descendants of Kathleen M. Plum dtd 03 /02/12

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
2824 Palm Beach Blvd.	Fort Myers	FL	33916	+1 (239) 334- 1111	joe@belislelaw. com

2. Contact Representative

Name	Organization
Joseph A. Belisle, III.	Belisle Law Firm PA

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
PO Box 970620	Miami	FL	33197	+1 (305) 978-7675	joe@belislelaw.com

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	Other Trust	

(b) Provide the following information about this report:

Purpose	Transfer of control or assignment of license/permit	
"As of" date	02/23/2021	
	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) /Permittees(s) and Station(s) /Permit(s)

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

Licensee/Permittee Name	FRN
Fort Myers Broadcasting Company	0004078598

Fac. ID No.	Call Sign	City	State	Service
22093	WINK-TV	FORT MYERS	FL	DTV
22094	WINK-FM	FORT MYERS	FL	FM
28901	WTLQ-FM	PUNTA RASSA	FL	FM
48329	WAXA	PINE ISLAND CENTER	FL	AM
139116	W239CL	GOLDEN GATE	FL	FX
142783	W247CR	PINE ISLAND CENTER	FL	FX
160167	WNPL	GOLDEN GATE	FL	АМ

Section II – Non-Biennial Ownership Information

Licensee/Permittee Respondents 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/Permittee Respondents should select "Not Applicable" in response to this question.

Not Applicable.

2. Ownership Interests

1.47 C.F.R.

and Other

Documents

Section 73.3613

(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) or Permittee(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) or Permittee(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	0023107956				
Entity Name	Rita M. McBride Irrevocable Trust of 2012 fbo lineal descendants of Kathleen M. Plum dtd 03 /02/12				
Address	PO Box				
	Street 1	2824 Palm Beach Blvd.			
	Street 2				

Ownership Information

	City	Fort Myers			
	State ("NA" if non-U.S. address)	FL			
	Zip/Postal Code	33916			
	Country (if non-U.S. address)	United States			
Listing Type	Respondent				
Positional Interests (check all that apply)	Respondent				
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No		
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%			
Does interest holder have an that do not appear on this re	attributable interest in one or port?	more broadcast stations	No		

Ownership Information				
FRN	0019989094	0019989094		
Name	Brian A. McBride			
Address	PO Box			
	Street 1	2824 Palm Beach Blvd.		
	Street 2			
	City	Fort Myers		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	33916		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Other - Trustee			
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	t 0.0%		
Does interest holder have an attributable interest in one or more broadcast stations N that do not appear on this report?			No	
	at any interests, including equi		Yes	

(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: Trustee Exact Legal Title or Name of Respondent: Rita M. McBride Irrevocable Trust fbo lineal descendants of Kathleen M. Plum dtd 03/02 /12 Name: Brian A McBride Phone: 2393341111
		02/26/2021