



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000171214** | Submit Date: **2021-11-24** | FRN: **0025456534**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/24/2021**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0029102357	Bullpen Family Ventures, LP

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
8138 Heirloom Boulevard	College Grove	TN	37046	+1 (512) 796-8102	miker10@me.com

2. Contact Representative

Name	Organization
Mark Denbo	Smithwick & Belendiuk, P.C.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
5028 Wisconsin Avenue, N.W. Suite 301	Washington	DC	20016	+1 (202) 350-9656	mdenbo@fccworld.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	Limited partnership

(b) Provide the following information about this report:	
Purpose	Biennial
"As of" date	10/01/2021 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)
and Station(s)**

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

Licensee/Permittee Name	FRN
Star City Broadcasting, LLC	0025662966

Fac. ID No.	Call Sign	City	State	Service
6336	WBPE	BROOKSTON	IN	FM
21512	WSHY	LAFAYETTE	IN	AM
68970	WAZY-FM	LAFAYETTE	IN	FM
68985	WYCM	ATTICA	IN	FM
184193	WPBI-LD	LAFAYETTE	IN	LPD
184197	WPBY-LD	LAFAYETTE	IN	LPD

Licensee/Permittee Name	FRN
Jonesboro TV, LLC	0023903685

Fac. ID No.	Call Sign	City	State	Service
60836	KJNE-LD	JONESBORO	AR	LPT
187271	KJNB-LD	JONESBORO	AR	LPD

Licensee/Permittee Name	FRN
Triple Seven Media, LLC	0029678125

Fac. ID No.	Call Sign	City	State	Service
26996	WHNH-CD	MANCHESTER, ETC.	VT	DCA
186632	W18EZ-D	DELPHI	IN	LPD
186687	WWAX-LD	WESTMORELAND	NH	LPD

Licensee/Permittee Name	FRN
WHPM-TV, LLC	0020713533

Fac. ID No.	Call Sign	City	State	Service
127263	WHPM-LD	HATTIESBURG	MS	LPD

Licensee/Permittee Name	FRN
Sagamorehill of Jackson, LLC	0025456534

Fac. ID No.	Call Sign	City	State	Service
185218	WNBJ-LD	JACKSON	TN	LPD

Section II – Biennial Ownership Information

**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.

Not Applicable.

**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	0029102357		
Entity Name	Bullpen Family Ventures, LP		
Address	PO Box		
	Street 1	8138 Heirloom Boulevard	
	Street 2		
	City	College Grove	
	State ("NA" if non-U.S. address)	TN	
	Zip/Postal Code	37046	
	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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	

Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	No
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Ownership Information

FRN	0029102365		
Entity Name	High Cheese Management, Inc.		
Address	PO Box		
	Street 1	8138 Heirloom Boulevard	
	Street 2		
	City	College Grove	
	State ("NA" if non-U.S. address)	TN	
	Zip/Postal Code	37046	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	General Partner		
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	100.0%	Jointly Held? No
	Equity	2.0%	
	Total assets (Equity Debt Plus)	2.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?	No		

Ownership Information

FRN	0025137761		
Name	Michael Reed		
Address	PO Box		
	Street 1	8138 Heirloom Boulevard	
	Street 2		
	City	College Grove	
	State ("NA" if non-U.S. address)	TN	
	Zip/Postal Code	37046	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Limited Partner		

Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	48.0%	
	Total assets (Equity Debt Plus)	48.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

Ownership Information			
FRN	9990119610		
Name	Stacie Reed		
Address	PO Box		
	Street 1	8138 Heirloom Boulevard	
	Street 2		
	City	College Grove	
	State ("NA" if non-U.S. address)	TN	
	Zip/Postal Code	37046	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Limited Partner		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	47.0%	
	Total assets (Equity Debt Plus)	47.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information	
FRN	9990138843

Name	Michael C. Reed		
Address	PO Box		
	Street 1	8138 Heirloom Boulevard	
	Street 2		
	City	College Grove	
	State ("NA" if non-U.S. address)	TN	
	Zip/Postal Code	37046	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Limited Partner		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	1.0%	
	Total assets (Equity Debt Plus)	1.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	9990138844		
Name	Mary W. Reed		
Address	PO Box		
	Street 1	8138 Heirloom Boulevard	
	Street 2		
	City	College Grove	
	State ("NA" if non-U.S. address)	TN	
	Zip/Postal Code	37046	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Limited Partner		
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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	1.0%	
	Total assets (Equity Debt Plus)	1.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.	Yes
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<p>(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?</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>	No
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(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? If "Yes," provide the following information for each such the relationship.	Yes
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Family Relationships			

FRN	9990138843	Name	Michael C Reed
FRN	9990138844	Name	Mary W Reed
Relationship	Siblings		

Family Relationships			
FRN	0025137761	Name	Michael Reed
FRN	9990119610	Name	Stacie Reed
Relationship	Spouses		

Family Relationships			
FRN	0025137761	Name	Michael Reed
FRN	9990138843	Name	Michael C Reed
Relationship	Parent/Child		

Family Relationships			
FRN	0025137761	Name	Michael Reed
FRN	9990138844	Name	Mary W Reed
Relationship	Parent/Child		

<p>(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?</p> <p>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.</p>	No
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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 LICENSE --OR 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.	<p>Official Title: President of General Partner Exact Legal Title or Name of Respondent: Bullpen Family Ventures, LP Name: Michael Reed Phone: 5127968102</p> <p>11/24/2021</p>

