

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

File Number: 0000202389 Submit Date: 2022-10-13 FRN: 0004343323 Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report Status: **Received** Status Date:

10/13/2022 Filing Status: Active

## **Section I - General Information**

#### 1. Respondent

FRN	Entity Name
0032390783	HWK Parent LLC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
228 Park Avenue S	New York	NY	10002	+1 (212) 503-2851	mcoleman@intermediaadvisors. com

#### 2. Contact Representative

Sally A. Buckman Lerman Senter PLLC	Name	Organization
	Sally A. Buckman	Lerman Senter PLLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2001 L Street, NW, Suite 400	Washington	DC	20036	+1 (202) 429- 8970	sbuckman@lermansenter. 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 liability company			

#### (b) Provide the following information about this report:

Purpose	Transfer of control or assignment of license/permit
"As of" date	09/13/2022
	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.

/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	
Televicentro of Puerto Rico, LLC			0004343323	
Fac. ID No.	Call Sign	City	State	Service
26681	WTIN-TV	PONCE	PR	DTV
52073	WAPA-TV	SAN JUAN	PR	DTV
73336	WNJX-TV	MAYAGUEZ	PR	DTV

#### Section II – Non-Biennial Ownership Information

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

(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.

FRN	0032390783		
Entity Name	HWK Parent LLC		
Address	PO Box		
	Street 1	228 Park Avenue S	
	Street 2		
	City	New York	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code	10002	
	Country (if non-U.S. address)	United States	

#### Ownership Information

Listing Type	Respondent		
<b>Positional Interests</b> (check all that apply)	Respondent		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	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

#### **Ownership Information**

FRN	0026045195			
Entity Name	Gato Investments, LP	Gato Investments, LP		
Address	PO Box			
	Street 1	228 Park Avenue S		
	Street 2			
	City	te ("NA" if non-U.S. NY		
	State ("NA" if non-U.S. address)			
	Zip/Postal Code	10003		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	LC/LLC/PLLC Member			
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No	
from 0.0 to 100.0)	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this r	er have an attributable interest in one or more broadcast stations No on this report?			

#### **Ownership Information**

ownership information			
FRN	0026047746		
Name	Eric Zinterhofer		
Address	PO Box		
	Street 1	4000 PONCE DE LEON BLVD. , SUITE 650	
	Street 2		
	City	Coral Gables	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	33146	

	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
<b>Positional Interests</b> (check all that apply)	Officer			
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 attributable interest in one or more broadcast stations that do not appear on this report?			Yes	

Ownership Information				
FRN	0031666852	0031666852		
Name	Adam J. Reiss			
Address	PO Box			
	Street 1	4000 PONCE DE LEON BLV	/D. , SUITE 650	
	Street 2			
	City	Coral Gables		
	State ("NA" if non-U.S. address)	FL		
	Zip/Postal Code	33146		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No	
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have a that do not appear on this	an attributable interest in one o	r more broadcast stations	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.

Certif	ication

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>Authorized Representative</b> Exact Legal Title or Name of Respondent: <b>HWK Parent LLC</b> Name: <b>Adam Reiss</b> Phone: <b>2122933730</b> 10/13/2022