

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000227117 | Submit Date: 2023-11-20 | FRN: 0012194171

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/20/2023

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0012194171	WTZT TELEVISION, INC.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1500 Perimeter Pkwy Suite 426	Huntsville	AL	35806	+1 (256) 721- 9001	Larry. Lewis@projectxyz. com

2. Contact Representative

Name	Organization	
Aaron P. Shainis	Shainis & Peltzman, Chartered	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1850 M Street NW Suite 240	Washington	DC	20036	+1 (202) 293-0567	aaron@s-plaw.com

3. Application Filing Fee

Question	Response
Is this application being submitted without a filing fee?	Yes
If this application is being submitted without a filing fee, Indicate reason for fee exemption.	Fee-Exempt Report

4. Nature of Respondent

	(a) Provide the following information about the Respondent:		
Relationship to stations/permits		Licensee	
	Nature of Respondent	For-profit corporation	

(b) Provide the following information about this report:		
Purpose	Biennial	
"As of" date	10/01/2023	
	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	
WTZT TELEVISIO	N, INC.	0012194171	

Fac. ID No.	Call Sign	City	State	Service	
3086	WTZT-CD	ATHENS	AL	DCA	

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.

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	0012194171	0012194171		
Entity Name	WTZT TELEVISION, INC.	WTZT TELEVISION, INC.		
Address	PO Box			
	Street 1	1500 Perimeter Pkwy		
	Street 2	Suite 426		
	City	Huntsville		
	State ("NA" if non-U.S. address)	AL		
	Zip/Postal Code 35806			

	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
from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?			

Ownership Information				
FRN	0029771623	0029771623		
Entity Name	TEKNOTIC MEDIA HOLDING	TEKNOTIC MEDIA HOLDINGS, INC.		
Address	PO Box	PO Box		
	Street 1	1500 PERIMETER PARKWA	AY	
	Street 2	SUITE 426		
	City	Huntsville		
	State ("NA" if non-U.S. address)	AL		
	Zip/Postal Code	35806		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Stockholder			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal I	nation or Tribal entity		
Interest Percentages (enter percentage values	Voting	80.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	80.0%		
Total assets (Equity Debt 80.0% Plus)				
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?				

	Ownership Information	
	FRN	0019313584
	Name	Gloria Cooper

Address	РО Вох			
	Street 1	22317 MERLOT DRIVE		
	Street 2			
	City	ATHEN S		
	State ("NA" if non-U.S. address)	AL		
	Zip/Postal Code	35613		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Stockholder			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Hispanic or Latino		
	Race	White		
Interest Percentages (enter percentage values	Voting	20.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	20.0%		
	Total assets (Equity Debt Plus)	20.0%		
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No	

Ownership Information				
FRN	0029771664			
Name	Larry E. Lewis, Jr.			
Address	РО Вох			
	Street 1	1500 PERIMETER PARKWAY		
	Street 2	SUITE 426		
	City	Huntsville		
	State ("NA" if non-U.S. address)	AL		
	Zip/Postal Code	35806		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		

Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
Interest Percentages (enter percentage values	Voting	0.0% Jointly Held?	
from 0.0 to 100.0)	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

Ownership Information			
FRN	0029771714		
Name	Kimberly C. Lewis		
Address	РО Вох		
	Street 1	1500 PERIMETER PARKWA	Y
	Street 2	SUITE 426	
	City	Huntsville	
	State ("NA" if non-U.S. address)	AL	
	Zip/Postal Code	35806	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
Interest Percentages (enter percentage values	Voting	0.0%	Jointly Held? No
rom 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 or	or more broadcast stations	No

(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.	

Yes

(c) 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.

Family Relationships			
FRN	0029771664	Name	Larry E Lewis , Jr
FRN	0029771714	Name	Kimberly C Lewis
Relationship	Spouses		

(d) 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.

3. Organizational **Chart (Licensees** Only)

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.

File Name	Uploaded By	Attachment Type	Description
WTZT Ownership Structure.pdf	Applicant	Ownership Chart	WTZT Ownership Structure

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: CEO Exact Legal Title or Name of Respondent: WTZT Television, Inc. Name: Kimberly C Lewis Phone: 2567219001