

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000223829** Submit Date: **2023-10-25** FRN: **0020216172**

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 10/25/2023

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name
0020216172	Vizella Media, LLC

Street Address	• ` •	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
3100 N. TRIPHAMMER ROAD SUITE 100	Lansing	NY	14882	+1 (607) 533-0057	ToddM@VizellaMedia. com

2. Contact Representative

Name	Organization	
ANTHONY T. LEPORE, ESQ.	RADIOTVLAW ASSOCIATES, LLC	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
4101 ALBEMARLE ST NW #324	WASHINGTON	DC	20016- 2151	+1 (202) 681- 2201	anthony@radiotvlaw. 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
Biennial	Form 323	MAR	1	95	\$95.00
				Total	\$95.00

4. Nature of Respondent

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

(b) Provide the following information about this report:					
Purpose	Biennial				
"As of" date	10/01/2023				
	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	
Vizella Media, LLC	0020216172	

Fac. ID No.	Call Sign	City	State	Service
52124	WPIE	TRUMANSBURG	NY	AM
151622	W296CP	ITHACA	NY	FX
154332	W296DH	WATKINS GLEN	NY	FX

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.

Document Information				
Description of contract or instrument	ARTICLES OF ORGANIZATION			
Parties to contract or instrument	STATE OF NEW YORK			
Date of execution	11/2007			
Date of expiration	No expiration date			

Agreement type	Other
(check all that apply)	Agreement Type: Articles of Organization

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	0020216172	0020216172			
Entity Name	Vizella Media, LLC	Vizella Media, LLC			
Address	РО Вох				
	Street 1	3100 N. TRIPHAMMER ROAD			
	Street 2	SUITE 100			
	City	Lansing			
	State ("NA" if non-U.S. address)	NY	NY		
	Zip/Postal Code	14882			
	Country (if non-U.S. address)	United States			
Listing Type	Respondent	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	9990049588		
Name	Todd S. Mallinson		
Address	РО Вох		
	Street 1 3100 N. Triphammer Road		
	Street 2	Suite 100	
	City	Lansing	
	State ("NA" if non-U.S. address)	NY	
	Zip/Postal Code 14850		
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, General Partner, LC/LLC/PLLC Member, Owner, Attributable Investor		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	51.0%	Jointly Held? No
	Equity	51.0%	
	Total assets (Equity Debt Plus)	51.0%	
Does interest holder have a	an attributable interest in one oreport?	r more broadcast stations	No

FRN 9990049596 Name Tina M. Mallinson Address PO Box Street 1 3100 N. Triphammer Road Street 2 Suite 100 City Lansing State ("NA" if non-U.S. address) NY Zip/Postal Code 14850 Country (if non-U.S. address) United States Listing Type Other Interest Holder Positional Interests Officer, Director, General Partner, Limited Partner, LC/LLC/PLLC Member, Owner,	Ownership Information			
Address PO Box Street 1 3100 N. Triphammer Road Street 2 Suite 100 City Lansing State ("NA" if non-U.S. address) NY Zip/Postal Code 14850 Country (if non-U.S. address) United States Listing Type Other Interest Holder Positional Interests Officer, Director, General Partner, Limited Partner, LC/LLC/PLLC Member, Owner,	FRN	9990049596		
Street 1 3100 N. Triphammer Road Street 2 Suite 100 City Lansing State ("NA" if non-U.S. address) Zip/Postal Code 14850 Country (if non-U.S. address) United States Listing Type Other Interest Holder Positional Interests Officer, Director, General Partner, Limited Partner, LC/LLC/PLLC Member, Owner,	Name	Tina M. Mallinson	Tina M. Mallinson	
Street 2 Suite 100 City Lansing State ("NA" if non-U.S. address) Zip/Postal Code 14850 Country (if non-U.S. address) United States Listing Type Other Interest Holder Positional Interests Officer, Director, General Partner, Limited Partner, LC/LLC/PLLC Member, Owner,	Address	PO Box		
City Lansing State ("NA" if non-U.S. address) Zip/Postal Code 14850 Country (if non-U.S. address) United States Listing Type Other Interest Holder Positional Interests Officer, Director, General Partner, Limited Partner, LC/LLC/PLLC Member, Owner,		Street 1	3100 N. Triphammer Road	
State ("NA" if non-U.S. address) Zip/Postal Code 14850 Country (if non-U.S. address) Listing Type Other Interest Holder Positional Interests Officer, Director, General Partner, Limited Partner, LC/LLC/PLLC Member, Owner,		Street 2	Suite 100	
Address Zip/Postal Code 14850		City	Lansing	
Country (if non-U.S. address) Listing Type Other Interest Holder Positional Interests Officer, Director, General Partner, Limited Partner, LC/LLC/PLLC Member, Owner,			NY	
Listing Type Other Interest Holder Positional Interests Officer, Director, General Partner, Limited Partner, LC/LLC/PLLC Member, Owner,		Zip/Postal Code	14850	
Positional Interests Officer, Director, General Partner, Limited Partner, LC/LLC/PLLC Member, Owner,			United States	
	Listing Type	Other Interest Holder		
(check all that apply) Attributable Investor	Positional Interests (check all that apply)	Officer, Director, General Partner, Limited Partner, LC/LLC/PLLC Member, Owner, Attributable Investor		

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	49.0%	Jointly Held? No
	Equity	49.0%	
	Total assets (Equity Debt Plus)	49.0%	
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No
• • •	at any interests, including equi	ty, financial, or voting	Yes
If "No," submit as an exhibit	_		

(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	9990049588	Name	Todd S. Mallinson
FRN	9990049596	Name	Tina M. Mallinson
Relationship	Spouses		

(d) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
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.

LICENSEE HAS NO PARENT ENTITY

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: VIZELLA MEDIA, LLC Name: TODD MALLINSON Phone: 6075330057