



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: **0000228876** | Submit Date: **2023-11-29** | FRN: **0021206529**
Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/29/2023**
Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0021206545	Kristin Cantrell Family Trust

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
115 West Main St.	Frankfort	KY	40610	+1 (502) 875-1130	kristin.cantrell@gmail.com

2. Contact Representative

Name	Organization
Nancy A. Ory	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) 416-6791	nory@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	Other Respondent is a Trust.

(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
Southern Belle, LLC	0021206529

Fac. ID No.	Call Sign	City	State	Service
1037	WFRT-FM	FRANKFORT	KY	FM
2863	WOLY	OLEAN	NY	AM
2864	WPIG	OLEAN	NY	FM
5309	WKPQ	HORNELL	NY	FM
8552	WHNA	RIVERSIDE	PA	FM
9408	WQRS	SALAMANCA	NY	FM
11661	WCCR-FM	CLARION	PA	FM
11662	WWCH	CLARION	PA	AM
11981	WPQP	CLEARFIELD	PA	FM
11982	WCPA	CLEARFIELD	PA	AM
12465	WHLM	BLOOMSBURG	PA	AM
14223	WEJS	JERSEY SHORE	PA	AM
15173	WJNG	JOHNSONBURG	PA	FM
19564	WLGD	DALLAS	PA	FM
19651	WPHD	CORNING	NY	FM
19708	WOEN	OLEAN	NY	AM
19710	WMXO	OLEAN	NY	FM
19858	WMTT-FM	TIOGA	PA	FM
21199	WNDA	WELLSBORO	PA	AM
21200	WNBT-FM	WELLSBORO	PA	FM
22938	WKYL	LAWRENCEBURG	KY	FM
27001	WBWX	BERWICK	PA	AM
28131	WHUN	HUNTINGDON	PA	AM
28132	WDBF-FM	MOUNT UNION	PA	FM
39605	WCFT-FM	BLOOMSBURG	PA	FM
40383	WZBF	RIDGEBURY	PA	FM
40422	WNNA	BEAVER SPRINGS	PA	FM
40424	WRBG	MIFFLINBURG	PA	FM
42131	WMRF-FM	LEWISTOWN	PA	FM
42134	WLUI	LEWISTOWN	PA	AM
42135	WHUN-FM	HUNTINGDON	PA	FM
47423	WPCO	STROUDSBURG	PA	AM

47424	WSBG	STROUDSBURG	PA	FM
49446	WNGZ	WATKINS GLEN	NY	AM
52187	WLYC	WILLIAMSPORT	PA	AM
53036	WVPO	LEHMAN TOWNSHIP	PA	FM
53610	WENI	CORNING	NY	AM
53611	WNKI	CORNING	NY	FM
54567	WFKY	FRANKFORT	KY	FM
60081	WVKY	SHELBYVILLE	KY	FM
62367	WIBF	MEXICO	PA	FM
62369	WJUN	MEXICO	PA	AM
63524	WMKX	BROOKVILLE	PA	FM
63837	WQBG	ELIZABETHVILLE	PA	FM
67696	WIFT	DU BOIS	PA	FM
70504	WARM	SCRANTON	PA	AM
71509	WCBF	ELMIRA	NY	FM
71510	WMAJ	ELMIRA	NY	AM
74609	WKYW	FRANKFORT	KY	AM
77925	WENI-FM	SOUTH WAVERLY	PA	FM
78437	WOGA	MANSFIELD	PA	FM
165342	WZHD	CANASERAGA	NY	FM
165990	WKFT	STRATTANVILLE	PA	FM
170958	WQQP	SYKESVILLE	PA	FM

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	0021206545		
Entity Name	Kristin Cantrell Family Trust		
Address	PO Box		
	Street 1	115 West Main St.	
	Street 2		
	City	Frankfort	
	State ("NA" if non-U.S. address)	KY	
	Zip/Postal Code	40610	
	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?			Yes

Ownership Information		
FRN	0021208202	
Name	Judith M. Confer	
Address	PO Box	
	Street 1	2015 Bud Ct.
	Street 2	
	City	Ft. Mill
	State ("NA" if non-U.S. address)	SC
	Zip/Postal Code	29715

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Other - Trustee		
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	100.0%	Jointly Held? No
	Equity	100.0%	
	Total assets (Equity Debt Plus)	100.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			Yes

(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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(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 " <u>Yes</u> ," provide the following information for each such the relationship.	No
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(d) Is Respondent seeking an attribution exemption for any officer or director with 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.	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.	Official Title: Trustee Exact Legal Title or Name of Respondent: Kristin Cantrell Family Trust

		<div>Name: Judith Confer Phone: 5028751130 11/29/2023</div>
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