



(REFERENCE COPY - Not for submission)

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

File Number: **0000229986** | Submit Date: **2023-11-30** | FRN: **0019970680**

Purpose: **Commercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **11/30/2023**

Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0019970680		Morris Multimedia, Inc.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
27 Abercorn Street	Savannah	GA	31401	+1 (912) 233-1481	jsamuels@morrismultimedia.com

2. Contact Representative

Name		Organization			
Anne Goodwin Crump		Fletcher, Heald & Hildreth, P.L.C.			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N. 17th Street Eleventh Floor	Arlington	VA	22209	+1 (703) 812-0426	crump@fhhlaw.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	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
Morris Network of Mississippi, Inc.	0003766417

Fac. ID No.	Call Sign	City	State	Service
53517	WXXV-TV	GULFPORT	MS	DTV

Licensee/Permittee Name	FRN
Morris Network, Inc.	0006594303

Fac. ID No.	Call Sign	City	State	Service
43847	WMGT-TV	MACON	GA	DTV

Licensee/Permittee Name	FRN
WDEF-TV, Inc.	0015347529

Fac. ID No.	Call Sign	City	State	Service
54385	WDEF-TV	CHATTANOOGA	TN	DTV

Licensee/Permittee Name	FRN
WCBI-TV, LLC	0009804139

Fac. ID No.	Call Sign	City	State	Service
12477	WCBI-TV	COLUMBUS	MS	DTV
183490	WCBI-LD	STARKVILLE	MS	LPD

Licensee/Permittee Name	FRN
WTVQ-TV, L.L.C.	0018327387

Fac. ID No.	Call Sign	City	State	Service
51597	WTVQ-DT	LEXINGTON	KY	DTV

Licensee/Permittee Name	FRN
WWAY-TV, LLC	0014489892

Fac. ID No.	Call Sign	City	State	Service
12033	WWAY	WILMINGTON	NC	DTV
187580	WWAY-LD	WILMINGTON	NC	LPD

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	0019970680		
Entity Name	Morris Multimedia, Inc.		
Address	PO Box		
	Street 1	27 Abercorn Street	
	Street 2		
	City	Savannah	
	State ("NA" if non-U.S. address)	GA	
	Zip/Postal Code	31401	
	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

Ownership Information			

FRN	2130005743		
Name	Charles H. Morris		
Address	PO Box		
	Street 1	4 Sylvan Island	
	Street 2		
	City	Savannah	
	State ("NA" if non-U.S. address)	GA	
	Zip/Postal Code	31404	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
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	100.0%	Jointly Held? No
	Equity	100.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	2130005271		
Name	Jeffrey R. Samuels		
Address	PO Box		
	Street 1	1 Covey Point Lane	
	Street 2		
	City	Savannah	
	State ("NA" if non-U.S. address)	GA	
	Zip/Postal Code	31411	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		

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	0.0%	
	Total assets (Equity Debt Plus)		
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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(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.	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 "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.	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: <b>Secretary</b> Exact Legal Title or Name of Respondent: <b>Morris Multimedia, Inc.</b> Name: <b>Jeffrey R. Samuels</b> Phone: <b>9122331481</b>  11/30/2023

