

(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

File Number: 0000228573 | Submit Date: 2023-11-28 | FRN: 0017809492

Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 11/28/2023

Filing Status: Active

Section I - General Information

1. Respondent

FRN	Entity Name	
0017809492	Michigan Radio Communications, LLC	

	treet ddress	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
N	25 East ⁄Iain Street	Midland	MI	48640	+1 (989) 837- 6321	btunney@1009themitt.

2. Contact Representative

Name	Organization
Susan April Marshall, Esq.	Shainis & Peltzman, Chartered

			Zip		
Street Address	City (and Country if non U.S. address)	State	Code	Phone	Email
1850 M Street NW Suite 240	Washington	DC	20036	+1 (202) 293-0011	susan@s-plaw.com

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
Michigan Radio Communications, LLC	0017809492

Fac. ID No.	Call Sign	City	State	Service
52616	WLUN	PINCONNING	МІ	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.

Document Information			
Description of contract or instrument	Articles of Organization		
Parties to contract or instrument	State of Michigan		
Date of execution	01/2008		
Date of expiration	No expiration date		
Agreement type (check all that apply)	Other 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	0017809492	0017809492			
Entity Name	Michigan Radio Communicati	Michigan Radio Communications, LLC			
Address	PO Box	PO Box			
	Street 1	825 East Main Street	825 East Main Street		
	Street 2				
	City	Midland			
	State ("NA" if non-U.S. address)	MI			
Zip/Postal Code		48640			
	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 0.0% Plus)				
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?					

Ownership Information			
FRN	0019486802		
Entity Name	Michigan Baseball Operations		
Address	РО Вох		

	Street 1	825 EAST MAIN STREET	
	Street 2		
	City	Midland	
	State ("NA" if non-U.S. address)	MI	
	Zip/Postal Code	48640	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	LC/LLC/PLLC Member		
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	100.0%	Jointly Held? No
	Equity	100.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	No
• •	at any interests, including equi his filing are non-attributable. an explanation.	ty, financial, or voting	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.

(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.

The licensee is owned by a single parent entity, so a flowchart is not required.

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 of Sole Member Exact Legal Title or Name of Respondent: Michigan Radio Communications, LLC Name: William S. Stavropoulos Phone: 9898376321