



(REFERENCE COPY - Not for submission)

Commercial Broadcast Stations Non-Biennial  
Ownership Report (FCC Form 323)

File Number: 0000240273 | Submit Date: 2024-03-01 | FRN: 0003177276

Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report | Status: Received | Status Date:

03/01/2024 | Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0003177276		Magnum Broadcasting, Inc.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 436 PO Box 436	State College	PA	16804	+1 (814) 272-1320	mmstapleford@yahoo.com

2. Contact Representative

Name		Organization			
Dan J. Alpert		The Law Office of Dan J. Alpert			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
2120 21st Rd. N	Arlington	VA	22201	+1 (703) 243-8690	dja@commlaw.tv

3. Application Filing Fee

Not Applicable

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	Transfer of control or assignment of license/permit
"As of" date	02/29/2024  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) /Permittees(s)

Respondent is filing this report to cover the following Licensee(s)/Permittee(s) and station(s)/permit(s):

and Station(s)  
/Permit(s)

Licensee/Permittee Name	FRN
Magnum Broadcasting, Inc.	0003177276

Fac. ID No.	Call Sign	City	State	Service
34351	WKEZ-FM	TAVERNIER	FL	FM
65663	WGMX	MARATHON	FL	FM
65664	WFFG	MARATHON	FL	AM
73880	WPIK	SUMMERLAND KEY	FL	FM
76438	WEEO-FM	MCCONNELLSBURG	PA	FM
190443	WGAY	SUGARLOAF KEY	FL	FM

Section II – Non-Biennial Ownership Information

1. 47 C.F.R.  
Section 73.3613  
and Other  
Documents

Licensee/Permittee Respondents 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/Permittee Respondents should select “Not Applicable” in response to this question.

Document Information	
Description of contract or instrument	Articles of Incorporation
Parties to contract or instrument	State Of Pennsylvania
Date of execution	03/1992
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Organizational Document

Document Information	
Description of contract or instrument	By-Laws
Parties to contract or instrument	Shareholders
Date of execution	02/1992
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> Organizational document

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) or Permittee(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) or Permittee(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	0003177276		
Entity Name	Magnum Broadcasting, Inc.		
Address	PO Box	436	
	Street 1	PO Box 436	
	Street 2		
	City	State College	
	State ("NA" if non-U.S. address)	PA	
	Zip/Postal Code	16804	
	Country (if non-U.S. address)	United States	
Listing Type	Respondent		
Positional Interests (check all that apply)	Respondent		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	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	0020022869	
Name	MICHAEL M. STAPLEFORD	
Address	PO Box	
	Street 1	235 W. Main Street
	Street 2	
	City	Boalsburg
	State ("NA" if non-U.S. address)	PA
	Zip/Postal Code	16827
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

<b>Positional Interests</b> (check all that apply)	Officer, Director, Stockholder		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	100.0%	<b>Jointly Held?</b> No
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			Yes

<b>Ownership Information</b>			
<b>FRN</b>	2130018647		
<b>Name</b>	Patrick M. Ryan		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	53 South Main Street	
	<b>Street 2</b>		
	<b>City</b>	Chambersburg	
	<b>State ("NA" if non-U.S. address)</b>	PA	
	<b>Zip/Postal Code</b>	17201	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer		
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	0.0%	<b>Jointly Held?</b> No
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

<b>Ownership Information</b>			
<b>FRN</b>	2130018639		
<b>Name</b>	Diana A. Stapleford		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	235 W. Main Street	
	<b>Street 2</b>		
	<b>City</b>	Boalsburg	
	<b>State ("NA" if non-U.S. address)</b>	PA	
	<b>Zip/Postal Code</b>	16827	
	<b>Country (if non-U.S. address)</b>	United States	

Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	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

(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.	Yes
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Family Relationships			
FRN	0020022869	Name	MICHAEL M STAPLEFORD
FRN	2130018639	Name	Diana A Stapleford
Relationship	Spouses		

(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>President</b> Exact Legal Title or Name of Respondent: <b>Magnum Broadcasting, Inc.</b> Name: <b>Michael Stapleford</b> Phone: <b>8142721320</b>  03/01/2024

