

Federal (REFERENCE COPY - Not for submission) Communications Operations

Commercial Broadcast Stations Biennial Ownership Report (FCC Form 323)

 File Number:
 0000174900
 Submit Date:
 2021-11-30
 FRN:
 0014625305

 Purpose:
 Commercial Broadcast Stations Biennial Ownership Report
 Status:
 Received
 Status Date:
 11/30/2021

 Filing Status:
 Active
 Status
 Status Date:
 11/30/2021

Section I - General Information

1. Respondent

FRN Entity Name 0020001301 KESN Radio, LLC

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
77 W 66TH ST., FL 16	New York	NY	10023- 6298	+1 (212) 456- 6686	Grace. Kavadoy@disney. com

2. Contact Representative

Name	Organization
GRACE KAVADOY	ABC, INC.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
77 W 66TH ST., FL 16	NEW YORK	NY	10023	+1 (212) 456- 6686	GRACE.KAVADOY@DISNEY. 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	Limited liability company	

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2021
	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	F	RN			
KESN Assets, LLC			0014625305		
Fac. ID No.	Call Sign	City	State	Service	
58265	KESN	ALLEN	тх	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			
			nk for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R.
	In the case of vertical or indirect attributable interest in the Licens		nose interests in the Respondent that also represent an ng submitted.
	Entities that are part of an organizational structure that includes holding companies or other forms of indirect owners separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that do an attributable interest in the Licensee(s) for which the report is being submitted.		
	Please see the Instructions for fu	urther detail concerning interests	that must be reported in response to this question.
	The Respondent must provide a Please see the Instructions for d	•	each interest holder reported in response to this question. e concerning this requirement.
	Ownership Information		
	FRN	0020001301	
	Entity Name	KESN Radio, LLC	
	Address	PO Box	
		Street 1	77 W 66TH ST., FL 16
		Street 2	
		City	New York
		State ("NA" if non-U.S. address)	NY
		Zip/Postal Code	10023-6298

Country (if non-U.S.

address)

Respondent

Listing Type

United States

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 that do not appear on this	an attributable interest in one o report?	or more broadcast stations	No

Ownership Information

FRN	0016319972			
Entity Name	Circle Location Services, Inc.			
Address	PO Box			
	Street 1	77 W 66TH ST., FL 16		
	Street 2			
	City	NEW YORK		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	10023		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Owner, Other - PARENT ENTITY			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity			
Interest Percentages (enter percentage values	Voting	100.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	100.0%		
	Total assets (Equity Debt Plus)	100.0%		
Does interest holder have a that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes	

Ownership Information

FRN	0025082249		
Name	John Stowell		
Address	PO Box		
	Street 1	500 SOUTH BUENA VISTA STREET	
	Street 2		

	City	BURBANK		
	State ("NA" if non-U.S. address)	СА		
	Zip/Postal Code	91521		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer			
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	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 that do not appear on this	an attributable interest in one c	or more broadcast stations	Yes	

Ownership Information			
FRN	0029147261		
Name	Chakira H. Gavazzi		
Address	PO Box		
	Street 1	500 SOUTH BUENA VISTA STREET	
	Street 2		
	City	BURBANK	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	91521	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	

Ownership Information

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	0031652738		
Name	Carlos Gomez		
Address	PO Box		
	Street 1	500 SOUTH BUENA VISTA STREET	
	Street 2		
	City	BURBANK	
	State ("NA" if non-U.S. address)	CA	
	Zip/Postal Code	91521	
	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	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)	0.0%	
Does interest holder have a	an attributable interest in one o	r more broadcast stations	Yes

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes
interests, not reported in this filing are non-attributable.	
If "No," submit as an exhibit an explanation.	



(d) Are any of the individuals listed as an attributable interest holder in the Respondent married to each other No or related to each other as parentchild or as siblings?

If "Yes," provide the following information for each such the relationship.

(e) Is Respondent seeking an attribution exemption for any officer or director with No 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.

Certif	ication

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).	

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: Assistant Secretary Exact Legal Title or Name of Respondent: KESN Radio, LLC Name: Chakira H Gavazzi Phone: 2124567387 11/30/2021
	and that to the best of my knowledge and belief, all statements in this report are