

(REFERENCE COPY - Not for submission)

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

File Number: **0000174894** Submit Date: **2021-11-30** FRN: **0014625305** 

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

Filing Status: Active

## **Section I - General Information**

## 1. Respondent

FRN	Entity Name
0020001343	KESN Sub Partner, Inc.

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

# 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 10/01/2021 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	FRN
KESN Assets, LLC	0014625305

Fac. ID No.	Call Sign	City	State	Service
58265	KESN	ALLEN	TX	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	0020001343	
Entity Name	KESN Sub Partner, Inc.	
Address	РО Вох	
	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)	United States
Listing Type	Respondent	·

Positional Interests (check all that apply)	Respondent  Interest holder is not a Tribal nation or Tribal entity		
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 an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information					
FRN	0020001269	0020001269			
Entity Name	KESN Partner, LLC				
Address	РО Вох				
	Street 1	77 W 66TH ST., FL 16			
	Street 2				
	City	NEW YORK			
	State ("NA" if non-U.S. address)	NY	NY		
	Zip/Postal Code	10023	10023		
	Country (if non-U.S. address)	United States			
Listing Type	Other Interest Holder				
Positional Interests (check all that apply)	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 re	n attributable interest in one ceport?	or more broadcast stations	No		

Ownership Information	Ownership Information			
FRN	0031652738			
Name	Carlos Gomez			
Address	РО Вох			
	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	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	r more broadcast stations	Yes	

Ownership Information		
FRN	0020016663	
Name	Jonathan S. Headley	
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	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)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		Yes	

i if non-U.S.	500 SOUTH BUENA VISTA S BURBANK CA	TREET	
' if non-U.S.	BURBANK	TREET	
	BURBANK	TREET	
	BURBANK	TREET	
	CA		
Code		CA	
	91521		
non-U.S.	United States		
Other Interest Holder			
Officer			
	US		
	Male		
	Not Hispanic or Latino		
	White		
	0.0%	Jointly Held? No	
	0.0%		
s (Equity Debt	0.0%		
	s (Equity Debt	0.0%	

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)	СА	
	Zip/Postal Code	91521	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Director		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	us	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	Black or African American	
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 that do not appear on this	an attributable interest in one creport?	or more broadcast stations	Yes
•	nat any interests, including equi his filing are non-attributable. an explanation.	ity, financial, or voting	Yes

(c) Does the Respondent or any reported interest holder hold an attributable interest in any newspaper entities in the same market as any station for which this report is filed, as defined in 47 C.F.R. Section 73.3555?

If "Yes," provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below. Respondents with a large number (50 or more) of entries to submit should use the spreadsheet option.

NOTE: Spreadsheets must be submitted in a special XML Spreadsheet format with the appropriate structure that is specified in the documentation. For instructions on how to use the spreadsheet option to complete this question (including templates to start with), please Click Here.

If using the subform, 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 newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i). If using an XML Spreadsheet, enter "NA" into the percentage of total assets (Equity Debt Plus) field for an interest holder unless that interest holder has an attributable interest in the newspaper entity solely on the basis of the Commission's Equity Debt Plus attribution standard.

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.

(d) 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.

(e) 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.

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).	

No

No

No

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: Secretary Exact Legal Title or Name of Respondent: KESN Sub Partner, Inc. Name: Chakira H Gavazzi Phone: 2124567387
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