

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

File Number:0000173916Submit Date:2021-11-30FRN:0003807450Purpose:Commercial Broadcast Stations Biennial Ownership ReportStatus:ReceivedStatus Date:11/30/2021Filing Status:Active

## **Section I - General Information**

### 1. Respondent

FRN	Entity Name
0003807450	A1A TV INC

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
127 Hercules Rd	St Augustine	FL	32086	+1 (904) 794- 6774	Jill@wqxt. com

### 2. Contact Representative

Name	Organization
Fred J. Campbell	A1A TV

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
127 Hurcules Rd	St Augustine	FL	32086	+1 (904) 794-6774	jill@wqxt.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 thi	s report:		
Purpose	Biennial		

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.

Licensee/Permittee Name			FRN		
A1A TV INC 0		0003807450			
Fac. ID No.	Call Sign	City		State	Service
39241	WQXT-CD	ST. AUGUSTINE		FL	DCA

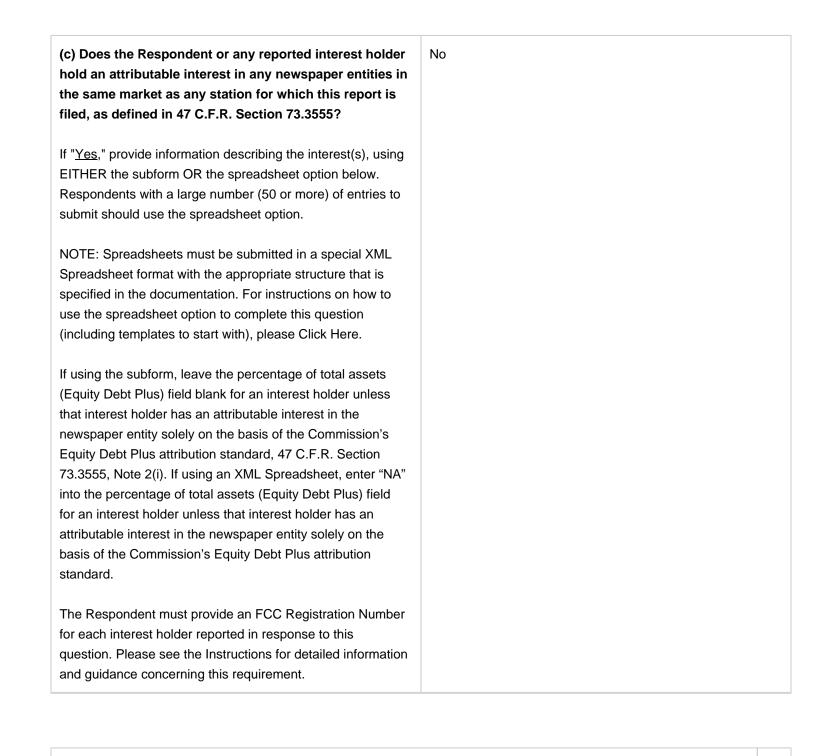
## Section II – Biennial Ownership Information

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.		
			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 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 f	urther detail concerning interests	s 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	0003807450	
	Entity Name	A1A TV INC	
	Address	PO Box	
		Street 1	127 Hercules Rd
		Street 2	
		City	St Augustine
		State ("NA" if non-U.S. address)	FL
		Zip/Postal Code	32086
		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 that do not appear on this	an attributable interest in one o report?	or more broadcast stations	No

#### **Ownership Information** FRN 9990148126 Name Fred J. Campbell Address **PO Box** Street 1 127 Hurcules Rd Street 2 City St Augustine State ("NA" if non-U.S. FL address) **Zip/Postal Code** 32086 Country (if non-U.S. **United States** address) Listing Type Other Interest Holder **Positional Interests** Officer, Director, Owner, Stockholder (check all that apply) Citizenship, Gender, US Citizenship Ethnicity, and Race Gender Male **Information (Natural** Persons Only) Not Hispanic or Latino Ethnicity White Race **Interest Percentages** Voting 100.0% **Jointly Held?** (enter percentage values No from 0.0 to 100.0) Equity 100.0% **Total assets (Equity Debt** 100.0% Plus) Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?

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

### 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).	