

FRN

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

File Number: 0000174999 Submit Date: 2021-12-01 FRN: 0003755279 Purpose: Commercial Broadcast Stations Biennial Ownership Report Status: Received Status Date: 12/01/2021 Filing Status: Active

### **Section I - General Information**

#### 1. Respondent

#### **Entity Name** 0003755253 Lockwood Broadcasting, Inc.

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U. S. address)	Zip Code	Phone	Email
220 Salters Creek Road	Hampton	VA	23661	+1 (757) 722-9736	dhanna@lockwoodbroadcast. com

#### 2. Contact Representative

Name	Organization
Coe W. Ramsey	Brooks, Pierce et al.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
150 Fayetteville Street Suite 1700	Raleigh	NC	27601	+1 (919) 839- 0300	cramsey@brookspierce. com

# 3. Application

Not Applicable

## **Filing Fee**

#### 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
	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		
Channel 49 Acquisition Corporation				00037552	79
Fac. ID No.	Call Sign	City	State		Service
35666	KTEN	ADA	ОК		DTV

## 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.		
<ul> <li>(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interest generating a series of subforms. Answer each question on each subform. The first subform listing should be for the itself. If the Respondent is not a natural person, also list each of the officers, directors, stockholders, non-insulated p non-insulated members, and any other persons or entities with a direct attributable interest in the Respondent pursus standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening or or entities.) List each interest holder with a direct attributable interest in the Respondent separately.</li> <li>Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder that attributable interest in the Respondent to section 73.3555, Note 2(i).</li> <li>In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent attributable interest in the Licensee(s) for which the report is being submitted.</li> <li>Entities that are part of an organizational structure that includes holding companies or other forms of indirect 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.</li> <li>Please see the Instructions for further detail concerning interests that must be reported in response to this question.</li> </ul>			subform. The first subform listing should be for the Respondent the officers, directors, stockholders, non-insulated partners, a direct attributable interest in the Respondent pursuant to the rest is one that is not held through any intervening companies erest in the Respondent separately. Ink for an interest holder unless that interest holder has an Commission's Equity Debt Plus attribution standard, 47 C.F.R. hose interests in the Respondent that also represent an ng submitted. holding companies or other forms of indirect ownership must file file a separate report for, any interest holder that does not have being submitted.
	Ownership Information		
	FRN	0003755253	
	Entity Name	Lockwood Broadcasting, Inc.	
	Address	PO Box	
		Street 1	220 Salters Creek Road
		Street 2	
		City	Hampton
		State ("NA" if non-U.S. address)	VA
		Zip/Postal Code	23661

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	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 No that do not appear on this report?			No

Ownership Information				
FRN	0019266295			
Name	James L. Lockwood, jr.			
Address	PO Box			
	Street 1	220 Salters Creek Road		
	Street 2			
	City	Hampton		
	State ("NA" if non-U.S. address)	VA		
	Zip/Postal Code	23661		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Director, Stockholder			
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	80.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	80.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have an attributable interest in one or more broadcast stations Yes that do not appear on this report?				

#### **Ownership Information**

FRN	0019266220

Name	James A. Stern			
Address	PO Box			
	Street 1	38 Taylor Avenue		
	Street 2			
	City	Harrison		
	State ("NA" if non-U.S. address)	NY		
	Zip/Postal Code	10528		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Stockholder			
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	20.0%	Jointly Held? No	
from 0.0 to 100.0)	Equity	20.0%		
	Total assets (Equity Debt Plus)			
Does interest holder have that do not appear on this	an attributable interest in one o	r more broadcast stations	Yes	

#### **Ownership Information**

FRN	0019266014		
Name	David A. Hanna		
Address	PO Box		
	Street 1	220 Salters Creek Road	
	Street 2		
	City	Hampton	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	23661	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Officer, Director		
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 from 0.0 to 100.0)	Voting	0.0%	Jointly Held? No
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have that do not appear on this	an attributable interest in one o report?	or more broadcast stations	Yes

Ownership Information			
FRN	0019264316	0019264316	
Name	Pamela B. Lawson		
Address	PO Box		
	Street 1	220 Salters Creek Road	
	Street 2		
	City	Hampton	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	23661	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
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)		
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	Yes

**Ownership Information** 

FRN	0027125566
Name	Gerald Walsh

Address	PO Box		
	Street 1	220 Salters Creek Road	
	Street 2		
	City	Hampton	
	State ("NA" if non-U.S. address)	VA	
	Zip/Postal Code	23661	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
<b>Positional Interests</b> (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)		
Does interest holder have an that do not appear on this re	attributable interest in one or port?	r more broadcast stations	Yes
(b) Pesnondent cortifics that	any interests, including equit	w financial or voting	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).	

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>Lockwood Broadcasting, Inc.</b> Name: <b>David A. Hanna</b> Phone: <b>7577229736</b> 12/01/2021