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Ownership Report Summary

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Ownership Report Summary

File Number: **0000064359**
 Application Purpose: Commercial Broadcast Stations Non-Biennial Ownership Report
 Status: Received
 Status Date: 12/24/2018
 Filing Type: Transfer of control or assignment of license/permit
 Filing Information: Licensee
 "As Of" Filing Date: 12/20/2018

Respondent Information

Name: Fleetwood Communications Inc.
 Address: 449 North 12th Street
 Defuniak Springs, FL 32435
 US
 Phone: +1 (850) 892-3158
 Email: wzep@wzep1460.com

Contact Representatives

Name: LARRY PERRY , Esq..
 Address: 11464 SAGA LN Suite 400
 KNOXVILLE, TN 37931
 US
 Phone: +1 (865) 927-8474
 Email: larryperry@att.net

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Federal Communications Commission
 445 12th Street SW
 Washington, DC 20554
 Phone: 1-888-225-5322
 TTY: 1-888-835-5322
 Fax: 1-866-418-0232
 Contact Us (<http://www.fcc.gov/contact-us>)

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[Open Government Directive \(http://www.fcc.gov/open\)](http://www.fcc.gov/open)
[Plain Writing Act \(http://www.fcc.gov/encyclopedia/plain-writing-fcc\)](http://www.fcc.gov/encyclopedia/plain-writing-fcc)
[2009 Recovery and Reinvestment Act \(http://www.fcc.gov/encyclopedia/american-recovery-and-reinvestment-act-2009\)](http://www.fcc.gov/encyclopedia/american-recovery-and-reinvestment-act-2009)



(REFERENCE COPY - Not for submission)

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

File Number: 0000064359 Submit Date: 2018-12-24 FRN: 0027519065

Purpose: **Commercial Broadcast Stations Non-Biennial Ownership Report** Status: **Submitted** Status Date:
12/24/2018 Filing Status: **Active**

Section I - General Information

1. Respondent

FRN	Entity Name
0027519065	Fleetwood Communications Inc.

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 627 449 North 12th Street	Defuniak Springs	FL	32435	+1 (850) 892-3158	wzep@wzep1460.com

2. Contact Representative

Name	Organization
LARRY PERRY, Esq.	Attorney

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
11464 SAGA LN Suite 400	KNOXVILLE	TN	37931	+1 (865) 927-8474	larryperry@att.net

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	12/20/2018
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)
and Station(s)
/Permit(s)**

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

Licensee/Permittee Name		FRN		
Fleetwood Communications Inc.		0027519065		
Fac. ID No.	Call Sign	City	State	Service
70821	WZEP	DEFUNIAK SPRINGS	FL	AM
200029	W296DT	DE FUNIAK SPRINGS	FL	FX

Section II – Non-Biennial Ownership Information

**1. 47 C.F.R.
Section 73.3613
Documents**

Licensee/Permittee Respondents should list all contracts and other instruments required to be filed pursuant to 47 C.F.R. Section 73.3613 for the facility or facilities listed on this report. If the agreement is an attributable Local Marketing Agreement (LMA), an attributable Joint Sales Agreement (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.

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) 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	0027519065	
Entity Name	Fleetwood Communications Inc.	
Address	PO Box	627
	Street 1	449 North 12th Street
	Street 2	
	City	Defuniak Springs
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	32435
	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	9990135404		
Name	Lisa Fleetwood		
Address	PO Box	627	
	Street 1	449 North 12th Street	
	Street 2		
	City	DeFuniak Springs	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32433	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	49.0%	Jointly Held? No
	Total assets (Equity Debt Plus)	49.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	9990135405		
Name	Tom Fleetwood		
Address	PO Box	627	
	Street 1	449 North 12th Street	
	Street 2		
	City	DeFuniak Springs	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32433	

	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Director, Stockholder		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	51.0%	Jointly Held? No
	Total assets (Equity Debt Plus)	51.0%	
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) 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.	No
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(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?	Yes
If "Yes," provide the following information for each such the relationship.	

Family Relationships			
FRN	9990135404	Name	Lisa Fleetwood
FRN	9990135405	Name	Tom Fleetwood
Relationship	Spouses		

(e) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?

No

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 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: President Exact Legal Title or Name of Respondent: President Name: Tom Fleetwood Phone: 8508923158 12/22/2018