

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (June 2014)	FOR FCC USE ONLY
<b>FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS</b>		<b>FOR COMMISSION USE ONLY FILE NO.</b>

**Section I - General Information**

1.	<p>Legal Name of the Respondent BLUFF CITY RADIO, LLC</p> <p>Street Address (1) 201 SOUTH 2ND STREET</p> <p>Street Address (2)</p> <table border="1" data-bbox="178 619 1498 703"> <tr> <td>City THORNTON</td> <td>State or Country (if Foreign address) AR</td> <td>ZIP Code 71766</td> </tr> </table> <table border="1" data-bbox="178 703 1498 766"> <tr> <td>Telephone Number (include area code) (417) 699-0848</td> <td>E-Mail Address (if available)</td> </tr> </table> <table border="1" data-bbox="178 766 1498 840"> <tr> <td>FCC Registration Number</td> <td>Call Sign KTPB</td> <td>Facility ID Number 190416</td> </tr> </table>	City THORNTON	State or Country (if Foreign address) AR	ZIP Code 71766	Telephone Number (include area code) (417) 699-0848	E-Mail Address (if available)	FCC Registration Number	Call Sign KTPB	Facility ID Number 190416
City THORNTON	State or Country (if Foreign address) AR	ZIP Code 71766							
Telephone Number (include area code) (417) 699-0848	E-Mail Address (if available)								
FCC Registration Number	Call Sign KTPB	Facility ID Number 190416							
2.	<p>Contact Representative JOHN F. GARZIGLIA</p> <p>Firm or Company Name WOMBLE CARLYLE SANDRIDGE &amp; RICE, LLP</p> <p>Street Address (1) 1200 19TH STREET, N.W. SUITE 500</p> <p>Street Address (2)</p> <table border="1" data-bbox="178 1060 1498 1144"> <tr> <td>City WASHINGTON</td> <td>State or Country (if Foreign address) DC</td> <td>ZIP Code 20036</td> </tr> </table> <table border="1" data-bbox="178 1144 1498 1207"> <tr> <td>Telephone Number (include area code) (202) 857-4455</td> <td>E-Mail Address (if available) JGARZIGLIA@WCSR.COM</td> </tr> </table>	City WASHINGTON	State or Country (if Foreign address) DC	ZIP Code 20036	Telephone Number (include area code) (202) 857-4455	E-Mail Address (if available) JGARZIGLIA@WCSR.COM			
City WASHINGTON	State or Country (if Foreign address) DC	ZIP Code 20036							
Telephone Number (include area code) (202) 857-4455	E-Mail Address (if available) JGARZIGLIA@WCSR.COM								
3.	<p>Nature of Respondent (See Instructions for Definitions)</p> <p><input checked="" type="radio"/> Licensee  <input type="radio"/> Permittee  <input type="radio"/> Entity with an attributable interest</p>								
4.	<p>If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. section 1.1114):</p> <p><input type="radio"/> Governmental Entity    <input checked="" type="radio"/> Fee-exempt Report    <input type="radio"/> Other    <input type="radio"/> N/A (Fee Required)</p>								
5.	<p>All the information furnished in this Report is accurate as of 6/23/2015.  <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-Biennial Ownership Report).</i></p>								
6.	<p>Purpose this Report is Filed for: <i>(choose one)</i></p> <p>a. <input type="radio"/> Biennial</p> <p>b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)</p> <p>c. <input checked="" type="radio"/> Transfer of Control or Assignment of License/Permit</p> <p>d. <input type="radio"/> Report by Permittee filing within 30 days after the grant of a construction permit for a new commercial AM, FM or full power television broadcast station.</p> <p>e. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license).</p> <p>f. <input type="radio"/> Amendment to a previously filed Ownership Report    File Number: -</p> <p>If an Amendment <b>submit as an Exhibit</b> a listing by Section and Question Number the portions of the    [Exhibit 1]  previous Report that are being revised.</p>								

7. License and Station Information. The stations listed below are all licensed to the following person or entity:

Licensee Name:	Licensee's FCC Registration Number (FRN)
BLUFF CITY RADIO, LLC	0024704074

**Station List**

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of Service
1.	KTPB	190416	ALTHEIMER, ARKANSAS	FM Station
2.	KHUC	190417	PINE BLUFF, ARKANSAS	FM Station
3.	KPBA	190418	PINE BLUFF, ARKANSAS	FM Station
4.	KTRN	4127	WHITE HALL, ARKANSAS	FM Station

8. Respondent is:

Sole Proprietorship                       Not-for-profit corporation                       Limited partnership  
 For-profit corporation                       General partnership                       Other  
[Exhibit 2]

If "Other," describe nature of the Respondent in an Exhibit.

**Section II-A - Non-Biennial Ownership Information**

1. Contract Information. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only Licensees, Permittees, or Respondents with a majority interest in or that otherwise exercise *de facto* control over the subject Licensee or Permittee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/JSA or network affiliation agreements.

Not Applicable

**Contract Information**

Copy	Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution		Date of Expiration	Agreement Type (Check all that apply)
1.	CERTIFICATE OF ORGANIZATION	ARKANSAS	Month	Month		<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
			Year	Year		
					<input type="checkbox"/> No Expiration Date	
2.	OPERATING AGREEMENT MEMBERS		Month	Month		<input type="checkbox"/> LMA/JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other
			Year	Year		
					<input type="checkbox"/> No Expiration Date	

2. Capitalization (Only Licensees or entities with a majority interest in or that otherwise exercises *de facto* control over the subject Licensee shall respond.)

Not Applicable

**[Enter Capitalization Information]**

3.(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, noninsulated partners, members and other persons or entities with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also represent an attributable interest in the Licensee for which the Report is being submitted.

List each person or entity with a direct attributable interest in the Respondent separately. 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 separate reports for persons or entities that do not have an attributable interest in the Licensee for which the report is being submitted.

**Ownership Interest Information**

Copy 1.	Name	BLUFF CITY RADIO, LLC
	Address	Street 201 SOUTH 2ND STREET City/State THORNTON, ARKANSAS Postal/ZIP Code 71766 Country (if not U.S.)
	Listing Type	<input checked="" type="checkbox"/> Respondent <input type="checkbox"/> Other Interest Holder

Relationship to Licensee	<input checked="" type="checkbox"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input type="checkbox"/> Person with attributable interest <input type="checkbox"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	0024704074
Percentage of Votes	0%
Percentage of Total Assets (equity plus debt)	0%

Copy 2.	Name	NEW DIRECTIONS MEDIA LLC
	Address	Street 201 SOUTH 2ND STREET City/State THORNTON, ARKANSAS Postal/ZIP Code 71766 Country (if not U.S.)
	Listing Type	<input type="checkbox"/> Respondent <input checked="" type="checkbox"/> Other Interest Holder
	Relationship to Licensee	<input type="checkbox"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input type="checkbox"/> Person with attributable interest <input checked="" type="checkbox"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	
	Percentage of Votes	80%
	Percentage of Total Assets (equity plus debt)	80%

Copy 3.	Name	ONE MEDIA, INC.
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Address	Street 506 NORTH PINE City/State PITTSBURG, KANSAS Postal/ZIP Code 66762 Country (if not U.S.)
Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Relationship to Licensee	<input type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input type="radio"/> Person with attributable interest <input checked="" type="radio"/> Entity with attributable interest
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	
Percentage of Votes	20%
Percentage of Total Assets (equity plus debt)	20%

Copy 4.	Name	PAUL COATES
	Address	Street 201 SOUTH 2ND STREET City/State THORNTON, ARKANSAS Postal/ZIP Code 71768 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
	FCC Registration Number	

Percentage of Votes	0%
Percentage of Total Assets (equity plus debt)	0%

(b) Respondent certifies that any equity and financial interests not reported in response to Question 3 (a) are non-attributable.  Yes  No [Exhibit 3]

If "No", submit as an Exhibit an explanation.

(c) Does the Respondent or any person/entity with an attributable interest in the Respondent also hold an attributable interest in any other broadcast station, or in any newspaper entities in the same market as defined in 47 C.F.R. Section 73.3555?  Yes  No

If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below for the applicable type of interest (broadcast or newspaper). 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](#).

**Broadcast Interest Subform or Broadcast Interest Spreadsheet**

Copy	Name of Interest Holder	Call Sign	Community of License	Facility ID Number	Percentage of Votes	Percentage of total assets (EDP)	Positional Interest (Check all that apply)
1.	ONE MEDIA, INC.	KSHQ	City DEERFIELD State MISSOURI	190419	100%	100%	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (specify)
2.	ONE MEDIA, INC.	KRDR	City ALVA State OKLAHOMA	190420	100%	100%	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (specify)
3.	ONE MEDIA, INC.	KWKN	City WAKEENEY State KANSAS	190424	100%	100%	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input checked="" type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (specify)

**[Newspaper Information]**

(d) Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?  Yes  No

If "Yes", complete the information describing the Relationship.

**[Enter Familial Information]**

(e) Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee or Permittee?  Yes  No  
[Exhibit 4]

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.

[Enter Attribution Exemption Information]

### Section III - Certification

I certify that I am PRESIDENT  
(Official Title)  
of BLUFF CITY RADIO LLC  
(Exact Legal Title or Name of Respondent)

and 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.

(Date of the signature below must (1) be no earlier than Oct. 1 of the filing year when filing a Biennial Ownership Report (and no earlier than Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)

Signature PAUL COATES	Date 7/ /2015
Telephone Number of Respondent (Include area code) (417) 699-0848	

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).

**Exhibits**

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**Exhibit 2**

**Description:** NATURE OF RESPONDENT

LIMITED LIABILITY COMPANY