

**FCC 323  
OWNERSHIP REPORT FOR COMMERCIAL  
BROADCAST STATIONS**

**FOR COMMISSION USE ONLY  
FILE NO. -20131113ACO**

**Section I - General Information**

1.	Legal Name of the Respondent SOUTHERN MEDIA INTERACTIVE, LLC		
	Street Address (1) P.O. BOX 876		
	Street Address (2)		
	City FITZGERALD	State or Country (if Foreign address) GA	ZIP Code 31750
	Telephone Number (include area code) (229) 425-0917	E-Mail Address (if available)	
	FCC Registration Number 0022147714	Call Sign WSEG	Facility ID Number 25548
2.	Contact Representative CARY S. TEPPER, ESQ.		
	Firm or Company Name BOOTH, FRERET, IMLAY & TEPPER, P.C.		
	Street Address (1) 7900 WISCONSIN AVENUE		
	Street Address (2) SUITE 304		
	City BETHESDA	State or Country (if Foreign address) MD	ZIP Code 20814
	Telephone Number (include area code) (301) 718-1818	E-Mail Address (if available) TEPPERLAW@AOL.COM	
3.	Nature of Respondent (See Instructions for Definitions) <input checked="" type="radio"/> Licensee <input type="radio"/> Permittee <input type="radio"/> Entity with an attributable interest		
4.	If this application has been submitted without a fee, indicate reason for fee exemption (see 47 C.F.R. section 1.1114): <input type="radio"/> Governmental Entity <input type="radio"/> Fee-exempt Report <input type="radio"/> Other <input checked="" type="radio"/> N/A (Fee Required)		
5.	All the information furnished in this Report is accurate as of 10/1/2013. <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>		
6.	Purpose this Report is Filed for: <i>(choose one)</i> a. <input checked="" type="radio"/> Biennial b. <input type="radio"/> Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report) c. <input type="radio"/> Transfer of Control or Assignment of License/Permit 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. 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). f. <input type="radio"/> Amendment to a previously filed Ownership Report   File Number: -  If an Amendment submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised. <span style="float: right;">[Exhibit 1]</span>		

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)
SOUTHERN MEDIA INTERACTIVE, LLC	0022147714

**Station List**

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of Service
1.	WSEG	25548	SAVANNAH, GEORGIA	AM Station
2.	WSFN	29131	BRUNSWICK, GEORGIA	AM Station
3.	WFNS	11076	BLACKSHEAR, GEORGIA	AM 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-B - 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, or Respondents with a majority interest in or that otherwise exercise *de facto* control over the subject Licensee shall respond. Other Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement (LMA) or a radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; otherwise, select "Other" for non-LMA/radio 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.	ARTICLES OF ORGANIZATION	STATE OF GEORGIA	Month AUGUST Year 2012	Month  Year  <input checked="" type="checkbox"/> No Expiration Date	<input type="checkbox"/> LMA/radio JSA <input type="checkbox"/> Network Affiliation Agreement <input checked="" type="checkbox"/> Other

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	SOUTHERN MEDIA INTERACTIVE, LLC
	Address	Street P.O. BOX 876 City/State FITZGERALD, GEORGIA Postal/ZIP Code 31750 Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input 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 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 checked="" type="checkbox"/> Other (please specify): LICENSEE ENTITY
FCC Registration Number	0022147714
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) Gender <input type="checkbox"/> Male <input type="checkbox"/> Female Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White Citizenship
Percentage of Votes	0%
Percentage of Equity	0%
Percentage of Total Assets (equity plus debt)	0%

Copy 2. Name	WILLIAM J, DORMINY
Address	Street P.O. BOX 876 City/State FITZGERALD, GEORGIA Postal/ZIP Code 31750 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 (or Officer/Director of Licensee) <input checked="" type="checkbox"/> Person with attributable interest <input type="checkbox"/> 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 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	0022147706
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity)
	Gender <input checked="" type="radio"/> Male <input type="radio"/> Female
	Ethnicity <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White
Percentage of Votes	100%
Percentage of Equity	100%
Percentage of Total Assets (equity plus debt)	100%

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

**[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)	<p>Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?</p> <p>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.</p> <p><b>[Enter Attribution Exemption Information]</b></p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No [Exhibit 4]</p>
4.	<p>Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.</p> <p><b>For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.</b></p> <p><b>[Enter Respondent Interest Held Information]</b></p>	<p><input checked="" type="checkbox"/> N/A</p>
5.	<p>Organizational Chart. <b>LICENSEES ONLY.</b> Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>	<p><input checked="" type="checkbox"/> N/A [Exhibit 5]</p>

**Section III - Certification**

I certify that I am THE MANAGING MEMBER  
(Official Title)  
of SOUTHERN MEDIA INTERACTIVE, 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 WILLIAM J. DORMINY	Date 11/13/2013
Telephone Number of Respondent (Include area code) (229) 425-0917	

## **Exhibits**

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### **Exhibit 2**

**Description:** NATURE OF LICENSEE ENTITY

SOUTHERN MEDIA INTERACTIVE, LLC IS A GEORGIA LIMITED LIABILITY COMPANY.