

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (June 2002)	FOR FCC USE ONLY
FCC 323		
OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS		FOR COMMISSION USE ONLY FILE NO. - 20080801ASZ
Read INSTRUCTIONS Before Filling Out Form		

Section I - General Information

1.	Legal Name of the Applicant ENTRAVISION HOLDINGS, LLC		
	Mailing Address SUITE 6000 WEST 2425 OLYMPIC BOULEVARD		
	City SANTA MONICA	State or Country (if foreign address) CA	ZIP Code 90404 -
	Telephone Number (include area code) 3104473870		E-Mail Address (if available)
	FCC Registration Number: 0001529627	Call Sign KCEC	Facility ID Number 24514
2.	Contact Representative (if other than Licensee/Permittee) BARRY A. FRIEDMAN		Firm or Company Name THOMPSON HINE LLP
	Telephone Number (include area code) 2023318800		E-Mail Address (if available) BARRY.FRIEDMAN@THOMPSONHINE.COM
3.	Name of entity, if other than licensee or permittee, for which report is filed		
	Mailing Address		
	City	State or Country (if foreign address)	ZIP Code -
	Telephone Number (include area code)		E-Mail Address (if available)
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)		

Section II - Ownership Information

5.	a. <input checked="" type="radio"/> Biennial b. <input type="radio"/> Transfer of Control or Assignment of License/Permit c. <input type="radio"/> Other d. <input type="radio"/> Amendment to pending application		
	for the following stations:		
	[Enter Station Information]		

Station List

This Report is filed for the following stations:

Call Letters	Facility ID Number	Location (City/State)	Class of service
KCEC	24514	DENVER CO	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
KINC	67089	LAS VEGAS NV	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
KINT-TV	51708	EL PASO TX	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
KLDO-TV	51479	LAREDO TX	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
KLUZ-TV	35084	ALBUQUERQUE NM	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
KNVO	69692	MCALLEN TX	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
KORO	64877	CORPUS CHRISTI TX	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
KPMR	12144	SANTA BARBARA CA	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
KSMS-TV	35611	MONTEREY CA	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
KTFN	68753	EL PASO TX	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
KUPB	86263	MIDLAND TX	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
KVYE	36170	EL CENTRO CA	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
WJAL	10259	HAGERSTOWN MD	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
WUNI	30577	WORCESTER MA	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
WUVN	3072	HARTFORD CT	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
WVEA-TV	16788	VENICE FL	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
WVEN-TV	131	DAYTONA BEACH FL	TV

Call Letters	Facility ID Number	Location (City/State)	Class of service
KDCU-DT	166332	DERBY KS	DT

Call Letters	Facility ID Number	Location (City/State)	Class of service
KVSN	166331	PUEBLO CO	TV

All of the information furnished in this Report is accurate as of 7/30/2008 (Date must comply with 47 C.F.R. Section 73.3615(a), i.e., information must be current within 60 days of filing of this report, when 5(a) below is checked.)

This Report is filed for (check one)

6. Respondent is:

- ☐ Sole proprietorship ☐ Not-for-profit corporation ☐ Limited partnership
☐ For-profit corporation ☐ General partnership ☒ Other

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

[Exhibit 1]

7. List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees,

or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

[Enter Contract/Instrument Information]

Contracts/Instruments Information

List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject shall respond.)

Description of contract or instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration
ON FILE			

8. Capitalization (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

[Enter Capitalization Information]

Capitalization

Capitalization (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject licensee or permittee shall respond.)

Class of stock (preferred, common or other)	Voting or Non-voting	Number of Shares			
		Authorized	Issued and Outstanding	Treasury	Unissued
LLC MEMBERSHIP INTERESTS	V				

9. (a.) List the respondent, and, if other than a natural person, its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members. If a corporation or partnership holds an attributable interest in the respondent, list separately its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members. Create a separate row for each individual or entity. Attach supplemental pages, if necessary.

[Enter Owner Information]

Owner Information

List the respondent, and, if other than a natural person, its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members. If a corporation or partnership holds an attributable interest in the respondent, list separately its officers, directors, stockholders and other entities with attributable interests, non-insulated partners and/or members. Create a separate row for each individual or entity. Attach supplemental pages, if necessary.

(Read carefully - The numbered items below refer to line numbers in the following table.)

1. Name and address of respondent and each party to the respondent holding an attributable interest (if other than individual also show name, address and citizenship of natural person authorized to vote the stock or holding the attributable interest). List the respondent first, officers next, then directors and, thereafter, remaining stockholders and other entities with attributable interests, and partners.
2. Gender (male or female).
3. Ethnicity (check one).
4. Race (select one or more).
5. Citizenship.
6. Positional interest: Officer, director, general partner, limited partner, LLC member, investor/creditor attributable under the Commission's equity/debt plus standard, etc.
7. Percentage of votes.
8. Percentage of total assets (equity debt plus).

1. Name and Address	ENTRAVISION HOLDINGS, LLC, SUITE 6000 WEST, 2425 OLYMPIC BOULEVARD, SANTA MONICA, CA 90404
2. Gender (male or female)	N/A
3. Ethnicity (check one)	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
4. Race (select one or more)	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White
5. Citizenship	US
6. Positional Interest	RESPONDENT
7. Percentage of votes	0
8. Percentage of total assets (equity debt plus)	0

1. Name and Address	ENTRAVISION COMMUNICATIONS CORPORATION, SUITE 6000 WEST, 2425 OLYMPIC BOULEVARD, SANTA MONICA, CA 90404
2. Gender (male or female)	N/A
3. Ethnicity (check one)	<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
4. Race (select one or more)	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White
5. Citizenship	US
6. Positional Interest	SOLE MEMBER OF LLC
7. Percentage of votes	100.0
8. Percentage of total assets (equity debt plus)	100.0

1. Name and Address	WALTER F. ULLOA, SUITE 6000 WEST, 2425 OLYMPIC BOULEVARD, SANTA MONICA, CA 90404
2. Gender (male or female)	Male

3. Ethnicity (check one)	<input checked="" type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino
4. Race (select one or more)	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White
5. Citizenship	US
6. Positional Interest	CHIEF EXECUTIVE OFFICER, MANAGER AND DIRECTOR
7. Percentage of votes	0
8. Percentage of total assets (equity debt plus)	0

1. Name and Address	PHILIP C. WILKINSON, SUITE 6000 WEST, 2425 OLYMPIC BOULEVARD, SANTA MONICA, CALIFORNIA 90404
2. Gender (male or female)	Male
3. Ethnicity (check one)	<input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino
4. Race (select one or more)	<input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input checked="" type="radio"/> White
5. Citizenship	US
6. Positional Interest	CHIEF OPERATING OFFICER, MANAGER, AND DIRECTOR
7. Percentage of votes	0
8. Percentage of total assets (equity debt plus)	0

(b) Respondent certifies that equity and financial interests not set forth in response to Question 9(a) are non-attributable.	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A See Explanation in [Exhibit 2]
(c) Is the respondent or any party holding an attributable interest in the respondent also the holder of an attributable interest in any other broadcast station or in any cable or newspaper entities in the same market or with overlapping signals in the same broadcast service, as described in 47 C.F.R. Sections 73.3555 and 76.501?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If "Yes", submit an Exhibit identifying the holder of that other attributable interest, listing the call signs, locations and facilities identifiers of such other broadcast stations, and describing the nature and size of the ownership interest and the positions held in the other broadcast, cable or newspaper entities.	[Exhibit 3]
(d) Are any of the individuals listed in response to Question 9(a) related as parent-child, husband-wife, brothers and sisters?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If "Yes", submit an Exhibit setting forth full information as to the family relationship	[Exhibit 4]
(e) Is respondent seeking an attribution exemption for any officer or director with duties unrelated to the licensee or permittee?	<input type="radio"/> Yes <input checked="" type="radio"/> No

If "Yes", submit an Exhibit identifying that individual by name and title, fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.

[Exhibit 5]

SECTION III - CERTIFICATION

I certify that I am CHIEF EXECUTIVE OFFICER

(Official Title)

of ENTRAVISION HOLDINGS, 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 certification must be within 60 days of the date shown in Question 5, Section II and in no event prior to that date.)

Signature WALTER F. ULLOA	Date 7/31/2008
Telephone Number of Respondent (Include area code) 3104473871	

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

Exhibit 1

Description: RESPONSE

THE RESPONDENT IS A LIMITED LIABILITY COMPANY.

Attachment 1

Exhibit 3

Description: RESPONSE

THIS IS A BIENNIAL REPORT FOR ALL OF THE TELEVISIONS STATIONS LICENSED TO THE APPLICANT. THE INSTANCES OF MULTIPLE OWNERSHIP ARE DESCRIBED IN CONNECTION WITH THE STATIONS OWNED BY THE ATTRIBUTABLE OWNERS OF THE LICENSEE. EACH OF THESE INSTANCES OF MULTIPLE OWNERSHIP HAVE BEEN CONSIDERED BY THE COMMISSION AND REPORTED IN OWNERSHIP REPORTS FILED AT THE TIME OF CONSUMMATION OF THE APPLICABLE ASSIGNMENTS OF LICENSES OR TRANSFER OF CONTROL OF THE LICENSEE.

Attachment 3

FCC MB - CDBS Electronic Filing
Application Reference Number: 20080801ASZ
Successfully filed at Aug 1 2008 3:30PM

A Fee Payment is Required for this application. The Total Fee is \$1140.

You can use the FCC's Electronic Form 159 System to pay electronically and/or to print out an appropriate Form 159. Press the button below now or return to this screen later by pressing the "Pay Fee" button on the CDBS Main Menu/ Informal Menu. See the [CDBS User's Guide](#) for more information about fee payment.

[Electronic Form 159](#)[Return to Main Menu](#)[Logout](#)

Payment must be received by US Bank within 14 (calendar) days of the date that the application is officially received by the Media Bureau's electronic filing system (indicated by the reference number above). This deadline applies to any payment submission method (electronic or via a paper check). If payment is not received in time, the filed application will be considered to be **not paid** and will therefore not be processed by the MB.