

MEMORANDUM

July 12, 2010

To: Deanna Blizzard

CC:

FROM: Barry A. Friedman

RE: Entravision Stations FCC Ownership Reports

Enclosed please find the biennial FCC Ownership Report for the Entravision stations. The Report consists of a set of two separate Reports, one for Entravision Holdings, LLC and one for Entravision Communications Corporation.

Would you please send these on to the General Managers with an instruction that a Report set should be lodged in the public inspection file of each AM, FM, Class A, or full-service Television Station.

Should you have any questions, please do let me know.

Enclosures

Barry.Friedman@thompsonhine.com Phone 202.973.2789 Fax 202.331.8330

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (October 2009)	FOR FCC USE ONLY
FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS		FOR COMMISSION USE ONLY FILE NO. -20100708RIZ

Section I - General Information

1.	Legal Name of the Respondent ENTRAVISION HOLDINGS, LLC		
	Street Address (1) SUITE 6000 WEST		
	Street Address (2) 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 BARRY A. FRIEDMAN		
	Firm or Company Name THOMPSON HINE LLP		
	Street Address (1) SUITE 800		
	Street Address (2) 1920 N STREET, N.W.		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20036 -
	Telephone Number (include area code) 2023318800	E-Mail Address (if available) BARRY.FRIEDMAN@THOMPSONHINE.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 Other <input checked="" type="radio"/> N/A (Fee Required)		
5.	All of the information furnished in this Report is accurate as of 11/01/2009 <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: (choose one) 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. ☐ Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)

f. ☐ 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.

[Exhibit 1]

7.

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

Licensee Name	Licensee's FCC Registration Number (FRN)
ENTRAVISION HOLDINGS, LLC	0001529627

Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	KCEC	24514	DENVER , COLORADO	Television
2.	K17GD	68666	PASO ROBLES , CALIFORNIA	Class A TV
3.	K28FK	29885	SAN LUIS OBISPO , CALIFORNIA	Class A TV
4.	K43FN	67529	FORT COLLINS , COLORADO	Television
5.	KAIQ	111	WOLFFORTH , TEXAS	FM Station
6.	KANG-CA	48013	SAN ANGELO , TEXAS	Television
7.	KBNT-LD	13022	SAN DIEGO , CALIFORNIA	TV Translator or LPTV station
8.	KBZO	9705	LUBBOCK , TEXAS	AM Station
9.	KBZO-LP	51303	LUBBOCK , TEXAS	TV Translator or LPTV station
10.	KCRP-CA	48833	CORPUS CHRISTI , TEXAS	Class A TV
11.	KCVR	60424	LODI , CALIFORNIA	AM Station
12.	KCVR-FM	12063	COLUMBIA , CALIFORNIA	FM Station
13.	KDCU-DT	166332	DERBY , KANSAS	Television
14.	KDJT-CA	52888	SALINAS/MONTEREY, ETC , CALIFORNIA	Class A TV
15.	KDLD	33902	SANTA MONICA , CALIFORNIA	FM Station
16.	KDLE	33904	NEWPORT BEACH , CALIFORNIA	FM Station
17.	KDTF-CA	4035	SAN DIEGO , CALIFORNIA	Class A TV
18.	KDVA	2750	BUCKEYE , ARIZONA	FM Station
19.	KDVT-LP	24516	DENVER , COLORADO	TV Translator or LPTV station
20.	KELV-LP	36639	LAS VEGAS , NEVADA	TV Translator or LPTV station
21.	KETF-CA	32177	LAREDO , TEXAS	Class A TV
22.	KEUS-LP	48014	SAN ANGELO , TEXAS	TV Translator or LPTV station
23.	KEVC-CA	51656	INDIO , CALIFORNIA	Class A TV
24.	KFRQ	56484	HARLINGEN , TEXAS	FM Station
25.	KFTN-CA	40058	LA FERIA , TEXAS	Class A TV
26.	KGHB-CA	24515	PUEBLO, ETC. , COLORADO	Class A TV
27.	KGOL	34473	HUMBLE , TEXAS	AM Station
28.	KHAX-LP	70394	VISTA , CALIFORNIA	TV Translator or LPTV station

29.	KHHM	20435	SACRAMENTO , CALIFORNIA	FM Station
30.	KHRO	51705	EL PASO , TEXAS	AM Station
31.	KINC	67089	LAS VEGAS , NEVADA	Television
32.	KINT-FM	51709	EL PASO , TEXAS	FM Station
33.	KINT-TV	51708	EL PASO , TEXAS	Television
34.	KJMN	10056	CASTLE ROCK , COLORADO	FM Station
35.	KKPS	56483	BROWNSVILLE , TEXAS	FM Station
36.	KLDO-TV	51479	LAREDO , TEXAS	Television
37.	KLNZ	48738	GLENDALE , ARIZONA	FM Station
38.	KLOB	40518	THOUSAND PALMS , CALIFORNIA	FM Station
39.	KLOK-FM	49100	GREENFIELD , CALIFORNIA	FM Station
40.	KLUZ-TV	35084	ALBUQUERQUE , NEW MEXICO	Television
41.	KLYY	58809	RIVERSIDE , CALIFORNIA	FM Station
42.	KMBX	64041	SOLEDAD , CALIFORNIA	AM Station
43.	KMIA	63147	BLACK CANYON CITY , ARIZONA	AM Station
44.	KMIX	60420	TRACY , CALIFORNIA	FM Station
45.	KMXA	10057	AURORA , COLORADO	AM Station
46.	KMXX	6665	IMPERIAL , CALIFORNIA	FM Station
47.	KNCV-LP	73462	CARSON CITY, ETC. , NEVADA	TV Translator or LPTV station
48.	KNTL-LP	36638	LAUGHLIN , NEVADA	TV Translator or LPTV station
49.	KNTY	50302	SHINGLE SPRINGS , CALIFORNIA	FM Station
50.	KNVO	69692	MCALLEN , TEXAS	Television
51.	KNVO-FM	40680	PORT ISABEL , TEXAS	FM Station
52.	KNVV-LP	23028	RENO , NEVADA	TV Translator or LPTV station
53.	KOFX	39613	EL PASO , TEXAS	FM Station
54.	KORO	64877	CORPUS CHRISTI , TEXAS	Television
55.	KPMR	12144	SANTA BARBARA , CALIFORNIA	Television
56.	KPVW	3008	ASPEN , COLORADO	FM Station
57.	KQRT	51731	LAS VEGAS , NEVADA	FM Station
58.	KRCX-FM	56513	MARYSVILLE , CALIFORNIA	FM Station
59.	KREN-LP	130444	SUSANVILLE , CALIFORNIA	TV Translator or LPTV station
60.	KREN-TV	51493	RENO , NEVADA	Television
61.	KRNS-CA	34577	RENO, ETC. , NEVADA	Class A TV
62.	KRNV-FM	50305	RENO , NEVADA	FM Station
63.	KRRN	27982	MOAPA VALLEY , NEVADA	FM Station
64.	KRZY	12634	ALBUQUERQUE , NEW MEXICO	AM Station
65.	KRZY-FM	65475	SANTA FE , NEW MEXICO	FM Station

66.	KSEH	6666	BRAWLEY , CALIFORNIA	FM Station
67.	KSES-FM	3155	SEASIDE , CALIFORNIA	FM Station
68.	KSFE-LP	49038	MCALLEN , TEXAS	TV Translator or LPTV station
69.	KSMS-TV	35611	MONTEREY , CALIFORNIA	Television
70.	KSSC	33567	VENTURA , CALIFORNIA	FM Station
71.	KSSD	35139	FALLBROOK , CALIFORNIA	FM Station
72.	KSSE	35113	ARCADIA , CALIFORNIA	FM Station
73.	KSVE	87165	EL PASO , TEXAS	AM Station
74.	KTCD-LP	19782	SAN DIEGO , CALIFORNIA	TV Translator or LPTV station
75.	KTFA-LP	35085	ALBUQUERQUE , NEW MEXICO	TV Translator or LPTV station
76.	KTFN	68753	EL PASO , TEXAS	Television
77.	KTFV-CA	28280	MCALLEN , TEXAS	Class A TV
78.	KTIZ-LP	657	HARLINGEN , TEXAS	TV Translator or LPTV station
79.	KTSB-CA	31352	SANTA MARIA , CALIFORNIA	Television
80.	KTSE-FM	29542	PATTERSON , CALIFORNIA	FM Station
81.	KUPB	86263	MIDLAND , TEXAS	Television
82.	KVER-CA	69753	INDIO , CALIFORNIA	Class A TV
83.	KVES-LP	51659	PALM SPRINGS , CALIFORNIA	TV Translator or LPTV station
84.	KVLY	67188	EDINBURG , TEXAS	FM Station
85.	KVSN-DT	166331	PUEBLO , COLORADO	Television
86.	KVTF-CA	32179	BROWNSVILLE , TEXAS	Television
87.	KVVA-FM	1331	APACHE JUNCTION , ARIZONA	FM Station
88.	KVYE	36170	EL CENTRO , CALIFORNIA	Television
89.	KWST	33298	EL CENTRO , CALIFORNIA	AM Station
90.	KWWB-LP	39491	MESQUITE, ETC. , NEVADA	TV Translator or LPTV station
91.	KXOF-CA	11699	LAREDO , TEXAS	Class A TV
92.	KXPK	20300	EVERGREEN , COLORADO	FM Station
93.	KXSE	53653	DAVIS , CALIFORNIA	FM Station
94.	KYSE	39612	EL PASO , TEXAS	FM Station
95.	WJAL	10259	HAGERSTOWN , MARYLAND	Television
96.	WLQY	23609	HOLLYWOOD , FLORIDA	AM Station
97.	WMDO-CA	38437	WASHINGTON , DISTRICT OF COLUMBIA	Class A TV
98.	WMDO-LD	167370	WASHINGTON , DISTRICT OF COLUMBIA	TV Translator or LPTV station
99.	WNUE-FM	46969	TITUSVILLE , FLORIDA	FM Station
100.	WUNI	30577	WORCESTER , MASSACHUSETTS	Television
101.	WUTH-CA	74214	HARTFORD , CONNECTICUT	Class A TV
102.	WUVN	3072	HARTFORD , CONNECTICUT	Television
103.	WVCI-LP	3601	ORLANDO , FLORIDA	TV Translator or LPTV station

104.	WVEA-LP	3602	TAMPA , FLORIDA	TV Translator or LPTV station
105.	WVEA-TV	16788	VENICE , FLORIDA	Television
106.	WVEN-TV	131	DAYTONA BEACH , FLORIDA	Television
107.	K54IK	126176	FORT COLLINS , COLORADO	TV Translator or LPTV station
108.	KBZO-LP	51303	LUBBOK , TEXAS	TV Translator or LPTV station
109.	W47DA	29710	MELBOURNE , FLORIDA	TV Translator or LPTV station
110.	K10OG	41125	LOMPOC , CALIFORNIA	Class A TV

8.

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 2]

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.	CERTIFICATE OF FORMATION	STATE OF CALIFORNIA	Month OCTOBER Year 1996	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.	OPERATING AGREEMENT	MEMBERS OF LLC	Month OCTOBER Year 1996	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 Interests Information

Copy 1.	Name	ENTRAVISION HOLDINGS, LLC	
	Address	Street 2425 OLYMPIC BOULEVARD SUITE 6000 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - 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): RESPONDENT	
	FCC Registration Number	0001529627	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity)	
		Gender <input type="radio"/> Male <input type="radio"/> Female	
		Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino	
		Race <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 <input type="radio"/> Two or more races	
		<u>Citizenship</u> US	
	Percentage of votes	0 %	
	Percentage of equity	0 %	
	Percentage of total assets (equity debt plus)	0 %	
Copy 2.	Name	ENTRAVISION COMMUNICATIONS CORPORATION	
	Address	Street 2425 OLYMPIC BOULEVARD SUITE 6000 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - 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 (or Officer/Director of Licensee) <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	0005062773	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) <u>Gender</u> <input type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <u>Race</u> <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 <input type="radio"/> Two or more races	
		<u>Citizenship</u> US	
	Percentage of votes	100 %	
	Percentage of equity	100 %	
	Percentage of total assets (equity debt plus)	100 %	
Copy 3.	Name	WALTER F. ULLOA	
	Address	Street 2425 OLYMPIC BOULEVARD SUITE 6000 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - 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 (or Officer/Director of Licensee) <input checked="" 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	9990023849	
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input checked="" type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <u>Race</u> <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 <input type="radio"/> Two or more races	
	Citizenship US	
	Percentage of votes	0 %
	Percentage of equity	0 %
	Percentage of total assets (equity debt plus)	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 Information

Copy	Name of Interest Holder	Call Sign	Community of license	Facility ID Number	Percentage of Votes	Percentage of Equity	Percentage of total assets (EDP)	Positional Interest (Check all that apply)
1.	WALTER F. ULLOA	KJLA	City VENTURA State CALIFORNIA	14000	41 %	14 %	14 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
2.	WALTER F. ULLOA	KSMV-LD	City LOS ANGELES	14002	41 %	14 %	14 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director

			State CALIFORNIA					<input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
3.	WALTER F. ULLOA	KLFA- LP	City SANTA MARIA State CALIFORNIA	13999	41 %	14 %	14 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
4.	WALTER F. ULLOA	KSGA- LP	City SAN BERNARDINO State CALIFORNIA	5342	41 %	14 %	14 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
5.	WALTER F. ULLOA	KFUL- LP	City SAN LUIS OBISPO State CALIFORNIA	14001	41 %	14 %	14 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other

								(please specify):
6.	WALTER F. ULLOA	KBAB-LD	City SANTA BARBARA State CALIFORNIA	14003	50 %	50 %	50 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
7.	WALTER F. ULLOA	KODG-LP	City PALM SPRINGS State CALIFORNIA	5340	50 %	50 %	50 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):
8.	WALTER F. ULLOA	KLSV-LD	City LAS VEGAS State NEVADA	5339	50 %	50 %	50 %	<input checked="" type="checkbox"/> Officer <input checked="" type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Entity <input type="checkbox"/> Other (please specify):

[Newspaper Interests Subform]

(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 Relationships 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>[Enter Attribution Exemption Information]</p>	<input type="radio"/> Yes <input checked="" type="radio"/> No
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>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.</p> <p>[Enter Respondent Interests Held Information]</p>	<input checked="" type="checkbox"/> N/A
5.	<p>Organizational Chart. LICENSEES ONLY: 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>	<input type="checkbox"/> N/A [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 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 WALTER F. ULLOA	Date 07/06/2010
Telephone Number of Respondent (Include area code) 3104473870	

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 2**Description:** TYPE OF ENTERPRISELIMITED LIABILITY COMPANY

Attachment 5

Description
FLOW CHART OF OWNERSHIP STRUCTURE

FCC MB - CDBS Electronic Filing
Application Reference Number: 20100708RIZ
Successfully filed at Jul 8 2010 6:52PM

A Fee Payment is Required for this application. The Total Fee is \$4080.

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.

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (October 2009)	FOR FCC USE ONLY
FCC 323 OWNERSHIP REPORT FOR COMMERCIAL BROADCAST STATIONS		FOR COMMISSION USE ONLY FILE NO. -20100708ROT

Section I - General Information

1.	Legal Name of the Respondent ENTRAVISION HOLDINGS, LLC		
	Street Address (1) SUITE 6000 WEST		
	Street Address (2) 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 KREN-TV	Facility ID Number 51493
2.	Contact Representative BARRY A. FRIEDMAN		
	Firm or Company Name THOMPSON HINE LLP		
	Street Address (1) SUITE 800		
	Street Address (2) 1920 N STREET, N.W.		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20036 -
	Telephone Number (include area code) 2023318800	E-Mail Address (if available) BARRY.FRIEDMAN@THOMPSONHINE.COM	
3.	Nature of Respondent (See Instructions for definitions) <input type="radio"/> Licensee <input type="radio"/> Permittee <input checked="" 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 checked="" type="radio"/> Other Other <input type="radio"/> N/A (Fee Required)		
5.	All of the information furnished in this Report is accurate as of 11/01/2009 <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: (choose one) 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. ☐ Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)

f. ☐ 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.

[Exhibit 1]

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

Licensee Name	Licensee's FCC Registration Number (FRN)
ENTRAVISION HOLDINGS, LLC	0001529627

Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	KCEC	24514	DENVER , COLORADO	Television
2.	K17GD	68666	PASO ROBLES , CALIFORNIA	Class A TV
3.	K28FK	29885	SAN LUIS OBISPO , CALIFORNIA	Class A TV
4.	K43FN	67529	FORT COLLINS , COLORADO	TV Translator or LPTV station
5.	KAIQ	111	WOLFFORTH , TEXAS	FM Station
6.	KANG-CA	48013	SAN ANGELO , TEXAS	Television
7.	KBNT-LD	13022	SAN DIEGO , CALIFORNIA	TV Translator or LPTV station
8.	KBZO	9705	LUBBOCK , TEXAS	AM Station
9.	KBZO-LP	51303	LUBBOCK , TEXAS	TV Translator or LPTV station
10.	KCRP-CA	48833	CORPUS CHRISTI , TEXAS	Television
11.	KCVR	60424	LODI , CALIFORNIA	AM Station
12.	KCVR-FM	12063	COLUMBIA , CALIFORNIA	FM Station
13.	KDCU-DT	166332	DERBY , KANSAS	Television
14.	KDJT-CA	52888	SALINAS/MONTEREY, ETC , CALIFORNIA	Class A TV
15.	KDLD	33902	SANTA MONICA , CALIFORNIA	FM Station
16.	KDLE	33904	NEWPORT BEACH , CALIFORNIA	FM Station
17.	KDTF-CA	4035	SAN DIEGO , CALIFORNIA	Class A TV
18.	KDVA	2750	BUCKEYE , ARIZONA	FM Station
19.	KDVT-LP	24516	DENVER , COLORADO	TV Translator or LPTV station
20.	KELV-LP	36639	LAS VEGAS , NEVADA	TV Translator or LPTV station
21.	KETF-CA	32177	LAREDO , TEXAS	Class A TV
22.	KEUS-LP	48014	SAN ANGELO , TEXAS	TV Translator or LPTV station
23.	KEVC-CA	51656	INDIO , CALIFORNIA	Television
24.	KFRQ	56484	HARLINGEN , TEXAS	FM Station
25.	KFTN-CA	40058	LA FERIA , TEXAS	Class A TV
26.	KGHB-CA	24515	PUEBLO, ETC. , COLORADO	Class A TV
27.	KGOL	34473	HUMBLE , TEXAS	AM Station
28.	KHAX-LP	70394	VISTA , CALIFORNIA	TV Translator or LPTV station

29.	KHHM	20435	SACRAMENTO , CALIFORNIA	FM Station
30.	KHRO	51705	EL PASO , TEXAS	AM Station
31.	KINC	67089	LAS VEGAS , NEVADA	Television
32.	KINT-FM	51709	EL PASO , TEXAS	FM Station
33.	KINT-TV	51708	EL PASO , TEXAS	Television
34.	KJMN	10056	CASTLE ROCK , COLORADO	FM Station
35.	KKPS	56483	BROWNSVILLE , TEXAS	FM Station
36.	KLDO-TV	51479	LAREDO , TEXAS	Television
37.	KLNZ	48738	GLENDALE , ARIZONA	FM Station
38.	KLOB	40518	THOUSAND PALMS , CALIFORNIA	FM Station
39.	KLOK-FM	49100	GREENFIELD , CALIFORNIA	FM Station
40.	KLUZ-TV	35084	ALBUQUERQUE , NEW MEXICO	Television
41.	KLYY	58809	RIVERSIDE , CALIFORNIA	FM Station
42.	KMBX	64041	SOLEDAD , CALIFORNIA	AM Station
43.	KMIA	63147	BLACK CANYON CITY , ARIZONA	AM Station
44.	KMIX	60420	TRACY , CALIFORNIA	FM Station
45.	KMXA	10057	AURORA , COLORADO	AM Station
46.	KMXX	6665	IMPERIAL , CALIFORNIA	FM Station
47.	KNCV-LP	73462	CARSON CITY, ETC. , NEVADA	TV Translator or LPTV station
48.	KNTL-LP	36638	LAUGHLIN , NEVADA	TV Translator or LPTV station
49.	KNTY	50302	SHINGLE SPRINGS , CALIFORNIA	FM Station
50.	KNVO	69692	MCALLEN , TEXAS	Television
51.	KNVO-FM	40680	PORT ISABEL , TEXAS	FM Station
52.	KNVV-LP	23028	RENO , NEVADA	TV Translator or LPTV station
53.	KOFX	39613	EL PASO , TEXAS	FM Station
54.	KORO	64877	CORPUS CHRISTI , TEXAS	Television
55.	KPMR	12144	SANTA BARBARA , CALIFORNIA	Television
56.	KPVW	3008	ASPEN , COLORADO	FM Station
57.	KQRT	51731	LAS VEGAS , NEVADA	FM Station
58.	KRCX-FM	56513	MARYSVILLE , CALIFORNIA	FM Station
59.	KREN-LP	130444	SUSANVILLE , CALIFORNIA	TV Translator or LPTV station
60.	KREN-TV	51493	RENO , NEVADA	Television
61.	KRNS-CA	34577	RENO, ETC. , NEVADA	Class A TV
62.	KRNV-FM	50305	RENO , NEVADA	FM Station
63.	KRRN	27982	MOAPA VALLEY , NEVADA	FM Station
64.	KRZY	12634	ALBUQUERQUE , NEW MEXICO	AM Station
65.	KRZY-FM	65475	SANTA FE , NEW MEXICO	FM Station

66.	KSEH	6666	BRAWLEY , CALIFORNIA	FM Station
67.	KSES-FM	3155	SEASIDE , CALIFORNIA	FM Station
68.	KSFE-LP	49038	MCALLEN , TEXAS	TV Translator or LPTV station
69.	KSMS-TV	35611	MONTEREY , CALIFORNIA	Television
70.	KSSC	33567	VENTURA , CALIFORNIA	FM Station
71.	KSSD	35139	FALLBROOK , CALIFORNIA	FM Station
72.	KSSE	35113	ARCADIA , CALIFORNIA	FM Station
73.	KSVE	87165	EL PASO , TEXAS	AM Station
74.	KTCD-LP	19782	SAN DIEGO , CALIFORNIA	TV Translator or LPTV station
75.	KTFA-LP	35085	ALBUQUERQUE , NEW MEXICO	TV Translator or LPTV station
76.	KTFN	68753	EL PASO , TEXAS	Television
77.	KTFV-CA	28280	MCALLEN , TEXAS	Class A TV
78.	KTIZ-LP	657	HARLINGER , TEXAS	TV Translator or LPTV station
79.	KTSB-CA	31352	SANTA MARIA , CALIFORNIA	Class A TV
80.	KTSE-FM	29542	PATTERSON , CALIFORNIA	FM Station
81.	KUPB	86263	MIDLAND , TEXAS	Television
82.	KVER-CA	69753	INDIO , CALIFORNIA	Class A TV
83.	KVES-LP	51659	PALM SPRINGS , CALIFORNIA	TV Translator or LPTV station
84.	KVLY	67188	EDINBURG , TEXAS	FM Station
85.	KVSN-DT	166331	PUEBLO , COLORADO	Television
86.	KVTF-CA	32179	BROWNSVILLE , TEXAS	Class A TV
87.	KVVA-FM	1331	APACHE JUNCTION , ARIZONA	FM Station
88.	KVYE	36170	EL CENTRO , CALIFORNIA	Television
89.	KWST	33298	EL CENTRO , CALIFORNIA	AM Station
90.	KWWB-LP	39491	MESQUITE, ETC. , NEVADA	TV Translator or LPTV station
91.	KXOF-CA	11699	LAREDO , TEXAS	Television
92.	KXPK	20300	EVERGREEN , COLORADO	FM Station
93.	KXSE	53653	DAVIS , CALIFORNIA	FM Station
94.	KYSE	39612	EL PASO , TEXAS	FM Station
95.	WJAL	10259	HAGERSTOWN , MARYLAND	Television
96.	WLQY	23609	HOLLYWOOD , FLORIDA	AM Station
97.	WMDO-CA	38437	WASHINGTON , DISTRICT OF COLUMBIA	Class A TV
98.	WMDO-LD	167370	WASHINGTON , DISTRICT OF COLUMBIA	TV Translator or LPTV station
99.	WNUE-FM	46969	TITUSVILLE , FLORIDA	FM Station
100.	WUNI	30577	WORCESTER , MASSACHUSETTS	Television
101.	WUTH-CA	74214	HARTFORD , CONNECTICUT	Class A TV
102.	WUVN	3072	HARTFORD , CONNECTICUT	Television
103.	WVCI-LP	3601	ORLANDO , FLORIDA	TV Translator or LPTV station

104.	WVEA-LP	3602	TAMPA , FLORIDA	TV Translator or LPTV station
105.	WVEA-TV	16788	VENICE , FLORIDA	Television
106.	WVEN-TV	131	DAYTONA BEACH , FLORIDA	Television
107.	K54IK	126176	FORT COLLINS , COLORADO	TV Translator or LPTV station
108.	KBZO-LP	51303	LUBBOK , TEXAS	TV Translator or LPTV station
109.	W47DA	29710	MELBOURNE , FLORIDA	TV Translator or LPTV station
110.	K10OG	41125	LOMPOC , CALIFORNIA	Class A TV

8. 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 2]

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 Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Respondents should select "Not Applicable" in response to this question.) If the agreement is a local marketing agreement, radio joint sales agreement (JSA), or if the agreement is a network affiliation agreement, check the appropriate box; or "Other" for non-LMA/radio JSA or network affiliation agreements.

☒ Not Applicable

[Enter Contract Information]

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

☒ Not Applicable

[Enter Capitalization Information]

3. (a.) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by use of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If not a natural person, also list each of the officers, directors, stockholders, noninsulated partners, members and other persons with a direct attributable interest in the Respondent. (A "direct" interest is one that is not held through any intervening entities.) In the case of vertical or indirect ownership structures, report only those interests in the Respondent that also have a direct 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 ownership structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. 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 Interests Information

Copy	Name	
1.	Address	ENTRAVISION COMMUNICATIONS CORPORATION
	Street	2425 OLYMPIC BOULEVARD
		SUITE 6000 WEST
	City/State	SANTA MONICA , CALIFORNIA
	Postal/ZIP Code	90404 -
	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): RESPONDENT						
FCC Registration Number	0005062773						
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) <u>Gender</u> <input type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <u>Race</u> <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 <input type="radio"/> Two or more races <u>Citizenship</u> US						
Percentage of votes	0 %						
Percentage of equity	0 %						
Percentage of total assets (equity debt plus)	0 %						
Copy 2.	<table border="1"> <tr> <td>Name</td> <td>WALTER F. ULLOA</td> </tr> <tr> <td>Address</td> <td> Street 2425 OLYMPIC BOULEVARD SUITE 6000 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - Country (if not U.S.) </td> </tr> <tr> <td>Listing Type</td> <td></td> </tr> </table>	Name	WALTER F. ULLOA	Address	Street 2425 OLYMPIC BOULEVARD SUITE 6000 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - Country (if not U.S.)	Listing Type	
Name	WALTER F. ULLOA						
Address	Street 2425 OLYMPIC BOULEVARD SUITE 6000 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - 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 (or Officer/Director of Licensee) <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):						
FCC Registration Number	9990023849						
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input checked="" type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <u>Race</u> <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 <input type="radio"/> Two or more races <u>Citizenship</u> US						
Percentage of votes	41 %						
Percentage of equity	14 %						
Percentage of total assets (equity debt plus)	14 %						
Copy 3.	<table border="1"> <tr> <td>Name</td> <td>PHILLIP C. WILKINSON</td> </tr> <tr> <td>Address</td> <td> Street 2425 OLYMPIC BOULEVARD SUITE 6000 WEST City/State SANTA , CALIFORNIA Postal/ZIP Code 90404 - Country (if not U.S.) </td> </tr> <tr> <td>Listing Type</td> <td><input type="radio"/> Respondent</td> </tr> </table>	Name	PHILLIP C. WILKINSON	Address	Street 2425 OLYMPIC BOULEVARD SUITE 6000 WEST City/State SANTA , CALIFORNIA Postal/ZIP Code 90404 - Country (if not U.S.)	Listing Type	<input type="radio"/> Respondent
Name	PHILLIP C. WILKINSON						
Address	Street 2425 OLYMPIC BOULEVARD SUITE 6000 WEST City/State SANTA , CALIFORNIA Postal/ZIP Code 90404 - 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 (or Officer/Director of Licensee) <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):						
FCC Registration Number	9990023872						
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <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 <input type="radio"/> Two or more races <u>Citizenship</u> US						
Percentage of votes	24 %						
Percentage of equity	8 %						
Percentage of total assets (equity debt plus)	8 %						
Copy 4.	<table border="1"> <tr> <td>Name</td> <td>PAUL A. ZEVNIK</td> </tr> <tr> <td>Address</td> <td> Street 2425 OLYMPIC BOULEVARD SUITE 600 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - Country (if not U.S.) </td> </tr> <tr> <td>Listing Type</td> <td> <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder </td> </tr> </table>	Name	PAUL A. ZEVNIK	Address	Street 2425 OLYMPIC BOULEVARD SUITE 600 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - Country (if not U.S.)	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
Name	PAUL A. ZEVNIK						
Address	Street 2425 OLYMPIC BOULEVARD SUITE 600 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - 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 (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest								
Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" 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 checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):								
FCC Registration Number	9990029069								
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <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 <input type="radio"/> Two or more races <u>Citizenship</u> US								
Percentage of votes	16 %								
Percentage of equity	5 %								
Percentage of total assets (equity debt plus)	5 %								
Copy 5.	<table border="1"> <tr> <td>Name</td> <td>JEFFREY A. LIBERMAN</td> </tr> <tr> <td>Address</td> <td> Street 2425 OLYMPIC BOULEVARD SUITE 600 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - Country (if not U.S.) </td> </tr> <tr> <td>Listing Type</td> <td> <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder </td> </tr> <tr> <td>Relationship to Licensee</td> <td><input type="radio"/> Licensee (or Officer/Director of Licensee)</td> </tr> </table>	Name	JEFFREY A. LIBERMAN	Address	Street 2425 OLYMPIC BOULEVARD SUITE 600 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - 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 (or Officer/Director of Licensee)
Name	JEFFREY A. LIBERMAN								
Address	Street 2425 OLYMPIC BOULEVARD SUITE 600 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - 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 (or Officer/Director of Licensee)								

	<input checked="" 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	9990029077
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <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 <input type="radio"/> Two or more races <u>Citizenship</u> US
Percentage of votes	0 %
Percentage of equity	0 %
Percentage of total assets (equity debt plus)	0 %
Copy 6.	
Name	CHRISTOPHER T. YOUNG
Address	Street 2425 OLYMPIC BOULEVARD SUITE 600 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - 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 (or Officer/Director of Licensee) <input checked="" 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	9990029085
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <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 <input type="radio"/> Two or more races <u>Citizenship</u> US
Percentage of votes	0 %
Percentage of equity	0 %
Percentage of total assets (equity debt plus)	0 %
Copy 7.	
Name	DARRYL B. THOMPSON
Address	Street 117 BORAD STREET 12TH FLOOR City/State STAMFORD , CONNECTICUT Postal/ZIP Code 06901 - 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 (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest

	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" 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	9990029093
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Asian <input checked="" type="radio"/> Black or African American <input type="radio"/> Native Hawaiian or Other Pacific Islander <input type="radio"/> White <input type="radio"/> Two or more races <u>Citizenship</u> US
	Percentage of votes	0 %
	Percentage of equity	0 %
	Percentage of total assets (equity debt plus)	0 %
Copy 8.	Name Address Listing Type Relationship to Licensee Positional Interest (Check all that apply)	ESTEBAN E. TORRES Street 2425 OLYMPIC BOULEVARD SUITE 600 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - Country (if not U.S.) <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder <input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest <input type="checkbox"/> Officer

	<input checked="" 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	9990029101
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input checked="" type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <u>Race</u> <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 <input type="radio"/> Two or more races <u>Citizenship</u> US
	Percentage of votes	0 %
	Percentage of equity	0 %
	Percentage of total assets (equity debt plus)	0 %
Copy 9.	Name	GILBERT R. VASQUEZ
	Address	Street 2425 OLYMPIC BOULEVARD SUITE 600 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - 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 (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input checked="" 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	9990029135										
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input checked="" type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <u>Race</u> <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 <input type="radio"/> Two or more races <u>Citizenship</u> US										
Percentage of votes	0 %										
Percentage of equity	0 %										
Percentage of total assets (equity debt plus)	0 %										
Copy 10.	<table border="1"> <tr> <td>Name</td><td>MARK BOELKE</td></tr> <tr> <td>Address</td><td> Street 2425 OLYMPIC BOULEVARD SUITE 600 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - Country (if not U.S.) </td></tr> <tr> <td>Listing Type</td><td> <input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder </td></tr> <tr> <td>Relationship to Licensee</td><td> <input type="radio"/> Licensee (or Officer/Director of Licensee) <input checked="" type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest </td></tr> <tr> <td>Positional Interest (Check all that apply)</td><td> <input checked="" type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner </td></tr> </table>	Name	MARK BOELKE	Address	Street 2425 OLYMPIC BOULEVARD SUITE 600 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - 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 (or Officer/Director of Licensee) <input checked="" 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
Name	MARK BOELKE										
Address	Street 2425 OLYMPIC BOULEVARD SUITE 600 WEST City/State SANTA MONICA , CALIFORNIA Postal/ZIP Code 90404 - 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 (or Officer/Director of Licensee) <input checked="" 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	9990029168
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input type="checkbox"/> N/A (entity) <u>Gender</u> <input checked="" type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input checked="" type="radio"/> Not Hispanic or Latino <u>Race</u> <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 <input type="radio"/> Two or more races <u>Citizenship</u> US
Percentage of votes	0 %
Percentage of equity	0 %
Percentage of total assets (equity debt plus)	0 %
Copy 11.	Name UNIVISION COMMUNICATIONS, INC. Address Street 1999 AVENUE OF THE STARS City/State LOS ANGELES , CALIFORNIA Postal/ZIP Code 90045 - 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 (or Officer/Director of Licensee) <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 type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input type="checkbox"/> Other (please specify):
FCC Registration Number	9990029192
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	<input checked="" type="checkbox"/> N/A (entity) <u>Gender</u> <input type="radio"/> Male <input type="radio"/> Female <u>Ethnicity</u> <input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino <u>Race</u> <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 <input type="radio"/> Two or more races <u>Citizenship</u> US
Percentage of votes	0 %
Percentage of equity	11 %
Percentage of total assets (equity debt plus)	11 %

(b.) Respondent certifies that any equity and financial interests not reported in response to Question 3(a) are non-attributable.

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?

If "Yes", provide information describing the interest(s), using EITHER the subform OR the spreadsheet option below applicable type of interest (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit 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 answer this question (including templates to start with), please [Click Here](#).

Broadcast Interest Information

Copy	Name of Interest Holder	Call Sign	Community of license	Facility ID Number	Percentage of Votes	Percentage of Equity	Percentage of total assets (EDP)	Position (Check that)

1.	WALTER F. ULLOA	KJLA	City VENTURA State CALIFORNIA	14000	41 %	14 %	14 %	<input checked="" type="checkbox"/> Off <input checked="" type="checkbox"/> Dir <input type="checkbox"/> Par <input type="checkbox"/> Lin <input type="checkbox"/> Partner <input type="checkbox"/> Ow <input checked="" type="checkbox"/> Stockh <input type="checkbox"/> Attrib <input type="checkbox"/> Entity <input type="checkbox"/> Oth (please specify)
2.	WALTER F. ULLOA	KSMV-LD	City LOS ANGELES State CALIFORNIA	14002	41 %	14 %	14 %	<input checked="" type="checkbox"/> Off <input checked="" type="checkbox"/> Dir <input type="checkbox"/> Par <input type="checkbox"/> Lin <input type="checkbox"/> Partner <input type="checkbox"/> Ow <input checked="" type="checkbox"/> Stockh <input type="checkbox"/> Attrib <input type="checkbox"/> Entity <input type="checkbox"/> Oth (please specify)
3.	WALTER F. ULLOA	KLFA-LP	City SANTA MARIA State CALIFORNIA	13999	41 %	14 %	14 %	<input checked="" type="checkbox"/> Off <input checked="" type="checkbox"/> Dir <input type="checkbox"/> Par <input type="checkbox"/> Lin <input type="checkbox"/> Partner <input type="checkbox"/> Ow <input checked="" type="checkbox"/> Stockh <input type="checkbox"/> Attrib <input type="checkbox"/> Entity <input type="checkbox"/> Oth (please specify)
4.	WALTER F. ULLOA	KSGA-LP	City SAN BERNARDINO State	5342	41 %	14 %	14 %	<input checked="" type="checkbox"/> Off <input checked="" type="checkbox"/> Dir <input type="checkbox"/> Par <input type="checkbox"/> Lin <input type="checkbox"/> Partner <input type="checkbox"/> Ow <input checked="" type="checkbox"/> Stockh <input type="checkbox"/> Attrib <input type="checkbox"/> Entity <input type="checkbox"/> Oth (please specify)

								Attribu Entity <input type="checkbox"/> Oth (please specify)
5.	WALTER F. ULLOA	KFUL- LP	City SAN LUIS OBISPO State CALIFORNIA	14001	41 %	14 %	14 %	<input checked="" type="checkbox"/> Off <input checked="" type="checkbox"/> Dir <input type="checkbox"/> Par <input type="checkbox"/> Lin Partnei <input type="checkbox"/> Ow <input checked="" type="checkbox"/> Stockh <input type="checkbox"/> Attribu Entity <input type="checkbox"/> Oth (please specify)
6.	WALTER F. ULLOA	KBAB- LD	City SANTA BARBARA State CALIFORNIA	14003	50 %	50 %	50 %	<input checked="" type="checkbox"/> Off <input checked="" type="checkbox"/> Dir <input type="checkbox"/> Par <input type="checkbox"/> Lin Partnei <input type="checkbox"/> Ow <input checked="" type="checkbox"/> Stockh <input type="checkbox"/> Attribu Entity <input type="checkbox"/> Oth (please specify)
7.	WALTER F. ULLOA	KODG- LP	City PALM SPRINGS State CALIFORNIA	5340	50 %	50 %	50 %	<input checked="" type="checkbox"/> Off <input checked="" type="checkbox"/> Dir <input type="checkbox"/> Par <input type="checkbox"/> Lin Partnei <input type="checkbox"/> Ow <input checked="" type="checkbox"/> Stockh <input type="checkbox"/> Attribu Entity <input type="checkbox"/> Oth (please specify)
8.	WALTER F. ULLOA	KLSV- LD	City LAS VEGAS State NEVADA	5339	50 %	50 %	50 %	<input checked="" type="checkbox"/> Off <input checked="" type="checkbox"/> Dir <input type="checkbox"/> Par <input type="checkbox"/> Lin

								Partner <input type="checkbox"/> Ow <input checked="" type="checkbox"/> Stockh <input type="checkbox"/> Attrib Entity <input type="checkbox"/> Oth (please specify)
9.	PAUL A. ZEVNIK	KBAB-LD	City SANTA BARBARA State CALIFORNIA	14003	50 %	50 %	50 %	<input type="checkbox"/> Off <input checked="" type="checkbox"/> Dir <input type="checkbox"/> Par <input type="checkbox"/> Lin Partner <input type="checkbox"/> Ow <input checked="" type="checkbox"/> Stockh <input type="checkbox"/> Attrib Entity <input type="checkbox"/> Oth (please specify)
10.	PAUL A. ZEVNIK	KODG-LP	City PALM SPRINGS State CALIFORNIA	5340	50 %	50 %	50 %	<input type="checkbox"/> Off <input checked="" type="checkbox"/> Dir <input type="checkbox"/> Par <input type="checkbox"/> Lin Partner <input type="checkbox"/> Ow <input checked="" type="checkbox"/> Stockh <input type="checkbox"/> Attrib Entity <input type="checkbox"/> Oth (please specify)
11.	PAUL A. ZEVNIK	KLSV-LD	City LAS VEGAS State NEVADA	5339	50 %	50 %	50 %	<input type="checkbox"/> Off <input checked="" type="checkbox"/> Dir <input type="checkbox"/> Par <input type="checkbox"/> Lin Partner <input type="checkbox"/> Ow <input checked="" type="checkbox"/> Stockh <input type="checkbox"/> Attrib Entity <input type="checkbox"/> Oth (please specify)

12.	UNIVISION COMMUNICATIONS, INC.	KTFQ- DT	City ALBUQUERQUE State NEW MEXICO	57220	0 %	11 %	11 %	<input type="checkbox"/> Off <input type="checkbox"/> Dir <input type="checkbox"/> Par <input type="checkbox"/> Lin <input type="checkbox"/> Partner <input type="checkbox"/> Ow <input type="checkbox"/> Stockh <input checked="" type="checkbox"/> Attrib <input type="checkbox"/> Entity <input type="checkbox"/> Oth (please specify)
13.	UNIVISION COMMUNICATIONS, INC.	WFTT- DT	City TAMPA State FLORIDA	60559	0 %	11 %	11 %	<input type="checkbox"/> Off <input type="checkbox"/> Dir <input type="checkbox"/> Par <input type="checkbox"/> Lin <input type="checkbox"/> Partner <input type="checkbox"/> Ow <input type="checkbox"/> Stockh <input checked="" type="checkbox"/> Attrib <input type="checkbox"/> Entity <input type="checkbox"/> Oth (please specify)
14.	UNIVISION COMMUNICATIONS, INC.	WUTF- DT	City MARLBOROUGH State MASSACHUSETTS	60551	0 %	11 %	11 %	<input type="checkbox"/> Off <input type="checkbox"/> Dir <input type="checkbox"/> Par <input type="checkbox"/> Lin <input type="checkbox"/> Partner <input type="checkbox"/> Ow <input type="checkbox"/> Stockh <input checked="" type="checkbox"/> Attrib <input type="checkbox"/> Entity <input type="checkbox"/> Oth (please specify)
15.	UNIVISION COMMUNICATIONS, INC.	WFDC- DT	City ARLINGTON State VIRGINIA	69532	0 %	11 %	11 %	<input type="checkbox"/> Off <input type="checkbox"/> Dir <input type="checkbox"/> Par <input type="checkbox"/> Lin <input type="checkbox"/> Partner <input type="checkbox"/> Ow <input type="checkbox"/> Stockh

								<input checked="" type="checkbox"/> Attribution Entity <input type="checkbox"/> Other (please specify) UNDE
16.	UNIVISION COMMUNICATIONS, INC.	WOTF-DT	City MELBOURNE State FLORIDA	5802	0 %	11 %	11 %	<input type="checkbox"/> Off <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Other <input type="checkbox"/> Ownership <input type="checkbox"/> Stockholder <input checked="" type="checkbox"/> Attribution Entity <input type="checkbox"/> Other (please specify) UNDE
17.	UNIVISION COMMUNICATIONS, INC.	KTFD-DT	City BOULDER State COLORADO	57219	0 %	11 %	11 %	<input type="checkbox"/> Off <input type="checkbox"/> Director <input type="checkbox"/> Partner <input type="checkbox"/> Other <input type="checkbox"/> Ownership <input type="checkbox"/> Stockholder <input checked="" type="checkbox"/> Attribution Entity <input type="checkbox"/> Other (please specify) UNDE

[Newspaper Interests Subform]

(d.) Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?

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

[Enter Familial Relationships Information]

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

If "Yes", complete the information in the required fields and submit an Exhibit fully describing that individual's duties responsibilities, and explaining why that individual should not be attributed an interest.

[Enter Attribution Exemption Information]

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>For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that FRN information is consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such consistency.</p> <p>[Enter Respondent Interests Held Information]</p>
5.	<p>Organizational Chart. LICENSEES ONLY: 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>

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 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 WALTER F. ULLOA	Date 07/08/2010
Telephone Number of Respondent (Include area code) 3104473870	

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

Federal Communications Commission

FCC MB - CDBS Electronic Filing
Account number: 422089

Description: ENTRAVISION COMMUNICATIONS CORPORATION 323
Application Reference Number: 20100708ROT
Successfully filed at Jul 8 2010 6:57PM

Based on the information supplied, no fee is required.

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