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. BOA-20111025ADX**

Section I - General Information

1.	Legal Name of the Respondent SECOND GENERATION, INC		
	Street Address (1) 3029 PROSPECT		
	Street Address (2)		
	City CLEVELAND	State or Country (if foreign address) OH	ZIP Code 44122 -
	Telephone Number (include area code) 2164261600	E-Mail Address (if available) TJE@SECONDGEN.COM	
	FCC Registration Number: 0019397629	Call Sign WFUN	Facility ID Number 54565
2.	Contact Representative DAVID TILLOTSON	Firm or Company Name LAW OFFICE OF DAVID TILLOTSON	
	Street Address (1) 4606 CHARLESTON TERRACE, N.W.		
	Street Address (2)		
	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20007 -
	Telephone Number (include area code) 2026256241	E-Mail Address (if available) DTLAW@STARPOWER.NET	
3.	Nature of Respondent (See Instructions for definitions) ○ Licensee ○ Permittee ◉ 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): ○ Governmental Entity ○ Fee-exempt Report ○ Other Other ◉ N/A (Fee Required)		
5.	All of the information furnished in this Report is accurate as of 10/01/2011 *(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.)*		
6.	Purpose: This Report is filed for: (choose one)		
	a. ◉ Biennial		
	b. ○ Validation and Resubmission of a previously filed Biennial Report (certifying no change from previous Report)		
	c. ○ Transfer of Control or Assignment of License/Permit		
	d. ○ 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)
MEDIA ONE HOLDINGS, LLC	0007720287

Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	WJTN	29922	JAMESTOWN , NEW YORK	AM Station
2.	WWSE	29919	JAMESTOWN , NEW YORK	FM Station
3.	WFUN	54565	ASHTABULA , OHIO	AM Station
4.	WFXJ-FM	76320	NORTH KINGSVILLE , OHIO	FM Station
5.	WYBL	87818	ASHTABULA , OHIO	FM Station
6.	WREO-FM	54566	ASHTABULA , OHIO	FM Station
7.	WZOO-FM	7819	EDGEWOOD , OHIO	FM Station
8.	WKSN	65592	JAMESTOWN , NEW YORK	AM Station
9.	WHUG	65591	JAMESTOWN , NEW YORK	FM Station
10.	WQFX-FM	39622	RUSSELL , PENNSYLVANIA	FM Station

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. (Or interest in or that otherwise exercise de facto control over the subject Licensee shall respond. Other Respondents sh question.) If the agreement is a local marketing agreement (LMA) or a radio joint sales agreement (JSA), or if the ag the appropriate box; otherwise, select "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 ove

☑ Not Applicable

[Enter Capitalization Information]

3. (a.) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a n directors, stockholders, noninsulated partners, members and other persons or entities with a direct attributable intere that is not held through any intervening companies or entities.) In the case of vertical or indirect ownership structure 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 companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not repo that do not have an attributable interest in the Licensee for which the report is being submitted.

Ownership Interests Information

Copy 1.		
	Name	SECOND GENERATION, INC.
	Address	Street 3209 PROSPECT City/State CLEVELAND , OHIO Postal/ZIP Code 44115 - Country (if not U.S.)
	Listing Type	◉ Respondent ○ Other Interest Holder
	Relationship to Licensee	○ Licensee (or Officer/Director of Licensee) ○ Person with attributable interest ◉ Entity with attributable interest
	Positional Interest (Check all that apply)	☐ Officer ☐ Director ☐ General Partner ☐ Limited Partner ☐ LC/LLC/PLLC Member

		☐ Owner ☐ Stockholder ☐ Attributable Creditor ☑ Attributable Investor ☐ Other (please specify):
	FCC Registration Number	0019397629
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	☑ N/A (entity)
		Gender ○ Male ○ Female
		Ethnicity ○ Hispanic or Latino ○ Not Hispanic or Latino
		Race ○ American Indian or Alaska Native ○ Asian ○ Black or African American ○ Native Hawaiian or Other Pacific Islander ○ White ○ Two or more races
		Citizenship US
	Percentage of votes	0.0 %
	Percentage of equity	0.0 %
	Percentage of total assets (equity debt plus)	0.0 %
Copy 2.	Name	THOMAS J. EMBRESCIA
	Address	Street 3209 PROSPECT STREET City/State CLEVELAND , OHIO Postal/ZIP Code 44115 - Country (if not U.S.)
	Listing Type	○ Respondent ◉ Other Interest Holder

Relationship to Licensee	○ Licensee (or Officer/Director of Licensee) ◉ Person with attributable interest ○ Entity with attributable interest
Positional Interest (Check all that apply)	☑ Officer ☑ Director ☐ General Partner ☐ Limited Partner ☐ LC/LLC/PLLC Member ☐ Owner ☐ Stockholder ☐ Attributable Creditor ☐ Attributable Investor ☐ Other (please specify):
FCC Registration Number	0007538648
Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	☐ N/A (entity) Gender ◉ Male ○ Female Ethnicity ○ Hispanic or Latino ◉ Not Hispanic or Latino Race ○ American Indian or Alaska Native ○ Asian ○ Black or African American ○ Native Hawaiian or Other Pacific Islander ◉ White ○ Two or more races Citizenship US
Percentage of votes	0.0 %
Percentage of equity	0.0 %
Percentage of total assets (equity debt plus)	0.0 %
Name	JUDITH EMBRESCIA

Copy 3.	Address	Street 168 KINGS ROAD City/State PALM BEACH , FLORIDA Postal/ZIP Code 33447 - Country (if not U.S.)
	Listing Type	○ Respondent ◉ Other Interest Holder
	Relationship to Licensee	○ Licensee (or Officer/Director of Licensee) ◉ Person with attributable interest ○ Entity with attributable interest
	Positional Interest (Check all that apply)	☑ Officer ☑ Director ☐ General Partner ☐ Limited Partner ☐ LC/LLC/PLLC Member ☐ Owner ☑ Stockholder ☐ Attributable Creditor ☐ Attributable Investor ☐ Other (please specify):
	FCC Registration Number	0019234962
	Gender, Ethnicity, Race and Citizenship Information (Natural Persons)	☐ N/A (entity)
		Gender ○ Male ◉ Female
		Ethnicity ○ Hispanic or Latino ◉ Not Hispanic or Latino
		Race ○ American Indian or Alaska Native ○ Asian ○ Black or African American ○ Native Hawaiian or Other Pacific Islander ◉ White ○ Two or more races
		Citizenship US

	Percentage of votes	100.0 %
	Percentage of equity	100.0 %
	Percentage of total assets (equity debt plus)	100.0 %

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

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 in 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 belo (broadcast or newspaper). Respondents with a large number (50 or more) of entries to submit should use the spreads must be submitted in a special "XML Spreadsheet" format with the appropriate structure that is specified in the docu 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
1.	THOMAS J. EMBRESCIA	KXNA	City SPRINGDALE State ARKANSAS	71703	0.0 %	0.0 %

2.	THOMAS J. EMBRESCIA	KREB	City BENTONVILLE -BELLA State ARKANSAS	30935	0.0 %	0.0 %
3.	THOMAS J. EMBRESCIA	KFFK	City ROGERS State ARKANSAS	31882	0.0 %	0.0 %
4.	JUDITH EMBRESCIA	KFFK	City ROBERS State ARKANSAS	31882	57.0 %	0.0 %

5.	JUDITH EMBRESCIA	KREB	City BENTONVILLE -BELLA State ARKANSAS	30935	57.0 %	0.0 %
6.	JUDITH EMBRESCIA	KXNA	City SPRINGDALE State ARKANSAS	71703	57.0 %	0.0 %
7.	SECOND GENERATION, INC.	KXNA	City SPRINGDALE State ARKANSAS	71703	57.0 %	0.0 %

8.	SECOND GENERATION, INC.	KFFK	City ROGERS State ARKANSAS	31882	57.0 %	0.0 %
9.	SECOND GENERATION, INC.	KREB	City BENTONVILLE -BELLA State ARKANSAS	30935	57.0 %	0.0 %
10.	THOMAS J. EMBRESCIA	KFXA	City CEDAR RAPIDS State	35336	0.0 %	0.0 %

			IOWA			
11.	JUDITH EMBRESCIA	KFXA	City CEDAR RAPIDS State IOWA	35336	32.0 %	32.0 %

[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.

Familial Relationships

Copy	Name	Parent/ Child	S
1.	THOMAS J. EMBRESCIA AND JUDITH EMBRESCIA		

(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 duti
explaining why that individual should not be attributed an interest.

[Enter Attribution Exemption Information]

4. Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Nur
Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership inter
associated with the Report. Licensees should select "N/A" in response to this question.

**For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure t
consistent among all such Ownership Reports. Respondents should coordinate with each other to ensure such**

Respondent's Interests

Copy 1.	Name	SECOND GE
	FCC Registration Number	0003742921

5. Organizational Chart. **LICENSEES ONLY**: Attach a flowchart or similar document showing the Licensee's vertica
Licensee and all persons/entities that have attributable interests in the Licensee.

Non-Licensee Respondents should select "N/A" in response to this question.

SECTION III - CERTIFICATION

I certify that I am PRESIDENT

(Official Title)

of SECOND GENERATION, INC.

(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 THOMAS J. EMBRESCIA	Date 10/11/2011
Telephone Number of Respondent (Include area code) 2163611000	

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: NATURE OF ENTITY

LIMITED LIABILITY COMPANY