

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0010 (March 2013)	FOR FCC USE ONLY
<b>FCC 323</b> <b>OWNERSHIP REPORT FOR COMMERCIAL</b> <b>BROADCAST STATIONS</b>		<b>FOR COMMISSION USE ONLY</b> <b>FILE NO. -20131209YAL</b>

**Section I - General Information**

1.	Legal Name of the Respondent SOUTH SEAS BROADCASTING, INC.			
	Street Address (1) 9408 GRAND GATE STREET			
	Street Address (2)			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; padding: 2px;">City LAS VEGAS</td> <td style="width:30%; padding: 2px;">State or Country (if foreign address) NV</td> <td style="width:30%; padding: 2px;">ZIP Code 89143 - 1397</td> </tr> </table>	City LAS VEGAS	State or Country (if foreign address) NV	ZIP Code 89143 - 1397
City LAS VEGAS	State or Country (if foreign address) NV	ZIP Code 89143 - 1397		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; padding: 2px;">Telephone Number (include area code) 7028984669</td> <td style="padding: 2px;">E-Mail Address (if available) LARRYFUSS@COX.NET</td> </tr> </table>	Telephone Number (include area code) 7028984669	E-Mail Address (if available) LARRYFUSS@COX.NET	
Telephone Number (include area code) 7028984669	E-Mail Address (if available) LARRYFUSS@COX.NET			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; padding: 2px;">FCC Registration Number: 0006947618</td> <td style="width:30%; padding: 2px;">Call Sign KKHJ-FM</td> <td style="width:30%; padding: 2px;">Facility ID Number 78508</td> </tr> </table>	FCC Registration Number: 0006947618	Call Sign KKHJ-FM	Facility ID Number 78508
FCC Registration Number: 0006947618	Call Sign KKHJ-FM	Facility ID Number 78508		
2.	Contact Representative LARRY G. FUSS			
	Firm or Company Name			
	Street Address (1) 9408 GRAND GATE STREET			
	Street Address (2)			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%; padding: 2px;">City LAS VEGAS</td> <td style="width:30%; padding: 2px;">State or Country (if foreign address) NV</td> <td style="width:30%; padding: 2px;">ZIP Code 89143 - 1397</td> </tr> </table>	City LAS VEGAS	State or Country (if foreign address) NV	ZIP Code 89143 - 1397
City LAS VEGAS	State or Country (if foreign address) NV	ZIP Code 89143 - 1397		
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%; padding: 2px;">Telephone Number (include area code) 7028984669</td> <td style="padding: 2px;">E-Mail Address (if available) LARRYFUSS@COX.NET</td> </tr> </table>	Telephone Number (include area code) 7028984669	E-Mail Address (if available) LARRYFUSS@COX.NET	
Telephone Number (include area code) 7028984669	E-Mail Address (if available) LARRYFUSS@COX.NET			
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 10/01/2013 <i>(Date entered must (1) be Oct. 1 of the filing year when filing a Biennial Ownership Report (or Nov. 1, 2009 in the case of the initial filing); or (2) be no more than 60 days prior to the date of filing when filing a non-biennial Ownership Report.)</i>			
6.	Purpose: This Report is filed for: (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)
SOUTH SEAS BROADCASTING, INC.	0006947618

**Station List**

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	KKHJ-FM	78508	PAGO PAGO , AMERICAN SAMOA	FM Station
2.	WVUV-FM	164297	FAGAITUA , AMERICAN SAMOA	FM Station
3.	KKHJ-LP	128905	PAGO PAGO , AMERICAN SAMOA	TV Translator or LPTV 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. (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

**[Enter Contract Information]**

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	SOUTH SEAS BROADCASTING, INC.
	Address	Street 9408 GRAND GATE STREET  City/State LAS VEGAS , NEVADA Postal/ZIP Code 89143 - Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (or Officer/Director of Licensee) <input type="radio"/> Person with attributable interest <input type="radio"/> Entity with attributable interest
	Positional Interest (Check all that apply)	<input type="checkbox"/> Officer <input type="checkbox"/> Director <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> LC/LLC/PLLC Member <input type="checkbox"/> Owner <input type="checkbox"/> Stockholder <input type="checkbox"/> Attributable Creditor <input type="checkbox"/> Attributable Investor <input checked="" type="checkbox"/> Other (please specify): LICENSEE
	FCC Registration Number	0006947618
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 (Check all that apply)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American

		<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <u>Citizenship</u>	
	Percentage of votes	100.0 %	
	Percentage of equity	100.0 %	
	Percentage of total assets (equity debt plus)	100.0 %	
Copy 2.	Name	LARRY G. FUSS	
	Address	Street 9408 GRAND GATE STREET  City/State LAS VEGAS , NEVADA Postal/ZIP Code 89143 - Country (if not U.S.)	
	Listing Type	<input checked="" type="radio"/> Respondent <input checked="" 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 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	0007288483	
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 checked="" type="radio"/> Not Hispanic or Latino	
	<u>Race</u> (Check all that apply)	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White	

		<u>Citizenship</u>		
	Percentage of votes	47.0 %		
	Percentage of equity	47.0 %		
	Percentage of total assets (equity debt plus)	47.0 %		
Copy	Name	SMITTY S. LUTU		
3.	Address	Street P.O. BOX 8		
		City/State PAGO PAGO , AMERICAN SAMOA		
		Postal/ZIP Code 96799 -		
		Country (if not U.S.)		
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder		
	Relationship to Licensee	<input checked="" type="radio"/> Licensee (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 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	0016059008		
	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 (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <u>Citizenship</u> US		

Percentage of votes	33.0 %
Percentage of equity	33.0 %
Percentage of total assets (equity debt plus)	33.0 %
Copy Name	SHANNON J. CUMMINGS
4. Address	Street P.O. BOX 6008  City/State PAGO PAGO , AMERICAN SAMOA Postal/ZIP Code 96799 - 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 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	0015983380
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 (Check all that apply)</u> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US
Percentage of votes	10.0 %

Percentage of equity		10.0 %
Percentage of total assets (equity debt plus)		10.0 %
Copy Name	KIRK A. HARNACK	
5. Address	Street 1203 SAXON DRIVE	
	City/State NASHVILLE , TENNESSEE	
	Postal/ZIP Code 37215 -	
	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 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	0006332787	
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> (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input checked="" type="checkbox"/> White <u>Citizenship</u> US	
	Percentage of votes	10.0 %
	Percentage of equity	10.0 %

Percentage of total assets (equity debt plus)	10.0 %
---	--------

(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 Interests Subform]**

**[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.) Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee ?  Yes  No

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

**[Enter Attribution Exemption Information]**

4.	<p>Respondent's Interests Held. Each Respondent other than a Licensee should list the name and FCC Registration Number of all entities in which the Respondent holds a direct attributable ownership interest, where that listed entity has an attributable ownership interest in the Licensee of the stations associated with the Report. Licensees should select "N/A" in response to this question.</p> <p><b>For any listing that includes the name of a person or entity reported on multiple Ownership Reports, ensure that the FRN information is consistent among all such</b></p>	<input checked="" type="checkbox"/> N/A
----	--	---



	<p><b>Ownership Reports. Respondents should coordinate with each other to ensure such consistency.</b></p> <p><b>[Enter Respondent Interests Held Information]</b></p>	
5.	<p>Organizational Chart. <b>LICENSEES ONLY:</b> Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all persons/entities that have attributable interests in the Licensee.</p> <p>Non-Licensee Respondents should select "N/A" in response to this question.</p>	<p><input checked="" type="checkbox"/> N/A [ Exhibit 5 ]</p>

**SECTION III - CERTIFICATION**

I certify that I am PRESIDENT

(Official Title)

of SOUTH SEAS BROADCASTING, 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 LARRY FUSS	Date 12/09/2013
Telephone Number of Respondent (Include area code) 7028984669	

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**

**Spreadsheets**

Description
<a href="#">OTHER BROADCAST INTERESTS</a>

Name of Interest Holder	Call Sign	Community City	Community State	Facility ID Number	Percentage of Votes	Percentage of Equity	Percentage of Total Assets (FDP)	Positional Interest (Check all that apply (Y/N))				Stockholder	Owner	Attributable Entity	Other
								Officer	Director	Partner	Limited Partner				
LARRY G. FUSS	WNIX	GREENVILLE	MS	66328	18.8	18.8	18.8	Y	Y	N	N	Y	N	N	N
LARRY G. FUSS	WLTM	GREENVILLE	MS	25229	18.8	18.8	18.8	Y	Y	N	N	Y	N	N	N
LARRY G. FUSS	WISQ	LELAND	MS	66330	18.8	18.8	18.8	Y	Y	N	N	Y	N	N	N
LARRY G. FUSS	WNLA	INDIANOLA	MS	59971	18.8	18.8	18.8	Y	Y	N	N	Y	N	N	N
LARRY G. FUSS	WIBT	INDIANOLA	MS	59962	18.8	18.8	18.8	Y	Y	N	N	Y	N	N	N
LARRY G. FUSS	WKXY	MERIGOLD	MS	77755	55	55	55	Y	Y	N	N	Y	N	N	N
SHANNON J. CUMMINGS	WNIX	GREENVILLE	MS	66328	13.8	13.8	13.8	Y	Y	N	N	Y	N	N	N
SHANNON J. CUMMINGS	WLTM	GREENVILLE	MS	25229	13.8	13.8	13.8	Y	Y	N	N	Y	N	N	N
SHANNON J. CUMMINGS	WISQ	LELAND	MS	66330	13.8	13.8	13.8	Y	Y	N	N	Y	N	N	N
SHANNON J. CUMMINGS	WNLA	INDIANOLA	MS	59971	13.8	13.8	13.8	Y	Y	N	N	Y	N	N	N
SHANNON J. CUMMINGS	WIBT	INDIANOLA	MS	59962	13.8	13.8	13.8	Y	Y	N	N	Y	N	N	N
KIRK A. HARNACK	WNIX	GREENVILLE	MS	66328	5	5	5	N	N	N	N	Y	N	N	N
KIRK A. HARNACK	WLTM	GREENVILLE	MS	25229	5	5	5	N	N	N	N	Y	N	N	N
KIRK A. HARNACK	WISQ	LELAND	MS	66330	5	5	5	N	N	N	N	Y	N	N	N
KIRK A. HARNACK	WNLA	INDIANOLA	MS	59971	5	5	5	N	N	N	N	Y	N	N	N
KIRK A. HARNACK	WIBT	INDIANOLA	MS	59962	5	5	5	N	N	N	N	Y	N	N	N
KIRK A. HARNACK	WKXY	MERIGOLD	MS	77755	9	9	9	N	N	N	N	Y	N	N	N