

# Federal Communications Commission

**FCC MB - CDBS Electronic Filing**  
**Account number: 975519**

**Description: 220 2011 LIC REN OWNERSHIP REPORT 3050611 010411-1511**  
**Application Reference Number: 20110506AAW**  
**Successfully filed at May 6 2011 4:41PM**

**Based on the information supplied, no fee is required.**

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|---|--|
| Federal Communications Commission<br>Washington, D.C. 20554<br><br><p style="text-align: center;"><b>FCC 323-E</b></p>          | Approved by OMB<br>3060-0084 (June 2002)<br><br>FOR FCC USE ONLY |
| <p><b>Ownership Report For Noncommercial Educational Broadcast Station</b></p> <p>Read INSTRUCTIONS Before Filling Out Form</p> | FOR COMMISSION USE ONLY<br>FILE NO.<br>- 20110506AAW             |

**Section I - General**

|    |  |  |                             |
|----|--|--|-----------------------------|
| 1. | Legal Name of the Licensee/Permittee<br>SHOFAR BROADCASTING CORPORATION        |  |                             |
|    | Mailing Address<br>P.O. BOX 12252  |  |                             |
|    | City<br>CHARLESTON   | State or Country (if foreign address)<br>WV                | ZIP Code<br>25302 -         |
|    | Telephone Number (include area code)<br>3043820881                             | E-Mail Address (if available)<br>WJJJFM@SUDDENLINKMAIL.COM |                             |
|    | FCC Registration Number:<br>0016666208   | Call Sign<br>WJJJ  | Facility ID Number<br>77815 |
| 2. | Contact Representative (if other than Licensee/Permittee)<br>M. SCOTT JOHNSON  |  |                             |
|    | Firm or Company Name<br>FLETCHER, HEALD & HILDRETH, P.L.C.                     |  |                             |
|    | Telephone Number (include area code)<br>7038120474                             | E-Mail Address (if available)<br>SJOHNSON@FHHLAW.COM       |                             |
| 3. | Name of entity, if other than licensee or permittee, for which report is filed |  |                             |
|    | Mailing Address  |  |                             |
|    | City   | State or Country (if foreign address)                      | ZIP Code                    |
|    | Telephone Number (include area code)   | E-Mail Address (if available)                              |                             |

**Section II - Ownership Information**

|    |   |
|----|---|
| 4. | All of the information furnished in this Report is accurate as of 5/6/2011 (Date must comply with 47 C.F.R. Section 73.3615(d), i.e., information must be current within 60 days of filing of this report, when 4(a) below is checked.) |
|    | This Report is filed for (check one)  |
|    | a. <input type="radio"/> Biennial                      b. <input type="radio"/> Transfer of Control or Assignment of License/Permit                      c. <input checked="" type="radio"/> Other                                      |
|    | d. <input type="radio"/> Amendment to pending application   |
|    | for the following stations:   |
|    | [Enter Station Information]   |

**Station List**

This Report is filed for the following stations:

| Call Letters | Facility ID Number | Location (City/State) | Class of service |
|--------------|--------------------|-----------------------|------------------|
| WJJJ         | 77815              | BECKLEY WV            | FM               |

| Call Letters | Facility ID Number | Location (City/State) | Class of service |
|--------------|--------------------|-----------------------|------------------|
| WXAF         | 39869              | CHARLESTON WV         | FM               |

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

[Enter Contract/Instrument Information]

6. Is the governing board directly or indirectly under the control of another entity?  Yes  No  
 If Yes, is a separate FCC Form 323-E submitted for such entity?  Yes  No

7. List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages, if necessary.

[Enter Owner Information]

**Owner Information**

List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages if necessary.

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

- a. Name and address of officer, member of governing board, and holders of 1% or more ownership interest (if other than individual also show name, address and citizenship of natural person authorized to vote the interest). List officers first, then board members, and thereafter, holders of 1% or more ownership interest, if any.
- b. Citizenship.
- c. Office held.
- d. Percent of interest held.
- e. Principal profession or occupation.
- f. By whom appointed or elected.
- g. Existing interests in any other broadcast station, including the nature and size of such interests.

|  |  |
|--|--|
| a. Name and Address.                   | JAMES R. JENKINS, 420 MONTCALM DR., CHARLESTON, WV 25302 |
| b. Citizenship.                        | US   |
| c. Office held.                        | PRESIDENT AND DIRECTOR                                   |
| d. Percent of interest held.           | 20.00  |
| e. Principal profession or occupation. | BROADCASTER  |
| f. By whom appointed or elected.       | BOARD OF DIRECTORS                                       |
| g. Existing interests                  | NONE   |

|  |  |
|--|--|
| a. Name and Address.                   | JANET A. JENKINS, 420 MONTCALM DR., CHARLESTON, WV 25302 |
| b. Citizenship.                        | US   |
| c. Office held.                        | DIRECTOR   |
| d. Percent of interest held.           | 20.00  |
| e. Principal profession or occupation. | PHYSICIAN  |
| f. By whom appointed or elected.       | BOARD OF DIRECTORS                                       |
| g. Existing interests                  | NONE   |

|  |  |
|--|--|
| a. Name and Address.                   | MAX HILL, RT. 1, BOX 114, RIPLEY, WV 25271 |
| b. Citizenship.                        | US   |
| c. Office held.                        | DIRECTOR                                   |
| d. Percent of interest held.           | 20.00                                      |
| e. Principal profession or occupation. | TECHNICIAN                                 |
| f. By whom appointed or elected.       | BOARD OF DIRECTORS                         |
| g. Existing interests                  | NONE                                       |

|  |  |
|--|--|
| a. Name and Address.                   | ED CONLEY, RR 1 BOX 5A, RAVENSWOOD, WV 26164 |
| b. Citizenship.                        | US   |
| c. Office held.                        | DIRECTOR                                     |
| d. Percent of interest held.           | 20   |
| e. Principal profession or occupation. | BUSINESSMAN                                  |
| f. By whom appointed or elected.       | BOARD OF DIRECTORS                           |
| g. Existing interests                  | NONE   |

|  |   |
|--|---|
| a. Name and Address.                   | JANE WILLIS, 315 1ST AVENUE, RIPLEY, WV 25271 |
| b. Citizenship.                        | US  |
| c. Office held.                        | DIRECTOR                                      |
| d. Percent of interest held.           | 20  |
| e. Principal profession or occupation. | HOMEMAKER                                     |
| f. By whom appointed or elected.       | BOARD OF DIRECTORS                            |
| g. Existing interests                  | NONE  |

**SECTION III - CERTIFICATION**

I certify that I am PRESIDENT

(Official Title)

of SHOFAR BROADCASTING CORPORATION

(Exact legal title or name of respondent)

and that I have examined this Report and that to the best of my knowledge and belief, all statements in this Report are true, correct and complete.

(Date of certification must be within 60 days of the date shown in Question 4, Section II and in no event prior to that date.)

|   |                  |
|---|------------------|
| Signature<br>JAMES R. JENKINS                                 | Date<br>5/6/2011 |
| Telephone Number of Respondent (Include area code) 3043443974 |                  |

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**