

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. -20111003AMW

Section I - General Information

1.	Legal Name of the Respondent VIDEO VOICE, INC.			
	Street Address (1) P.O BOX 769			
	Street Address (2) 77 INDUSTRIAL ROAD			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City WAINSCOTT</td> <td style="width:30%;">State or Country (if foreign address) NY</td> <td style="width:30%;">ZIP Code 11975 - 0769</td> </tr> </table>	City WAINSCOTT	State or Country (if foreign address) NY	ZIP Code 11975 - 0769
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">Telephone Number (include area code) 6315370273</td> <td style="width:60%;">E-Mail Address (if available) WVHTV@AOL.COM</td> </tr> </table>	Telephone Number (include area code) 6315370273	E-Mail Address (if available) WVHTV@AOL.COM	
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">FCC Registration Number: 0004934246</td> <td style="width:30%;">Call Sign WVH-CA</td> <td style="width:30%;">Facility ID Number 70158</td> </tr> </table>	FCC Registration Number: 0004934246	Call Sign WVH-CA	Facility ID Number 70158
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2.	Contact Representative JEROLD L. JACOBS, ESQ.			
	Firm or Company Name COHN AND MARKS LLP			
	Street Address (1) 1920 N STREET, N.W.			
	Street Address (2) SUITE 300			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">City WASHINGTON</td> <td style="width:30%;">State or Country (if foreign address) DC</td> <td style="width:30%;">ZIP Code 20036 - 1622</td> </tr> </table>	City WASHINGTON	State or Country (if foreign address) DC	ZIP Code 20036 - 1622
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">Telephone Number (include area code) 2022933860</td> <td style="width:60%;">E-Mail Address (if available) JEROLD.JACOBS@COHNMARKS.COM</td> </tr> </table>	Telephone Number (include area code) 2022933860	E-Mail Address (if available) JEROLD.JACOBS@COHNMARKS.COM	
Telephone Number (include area code) 2022933860	E-Mail Address (if available) JEROLD.JACOBS@COHNMARKS.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 type="radio"/> N/A (Fee Required)			
5.	All of the information furnished in this Report is accurate as of 10/01/2011 <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 type="radio"/> Biennial			
	b. <input checked="" 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. <input type="radio"/> Update / certification of accuracy of an initial Ownership Report filed by Permittee (filing in conjunction with Permittee's application for a station license)			
	f. <input type="radio"/> Amendment to a previously filed Ownership Report			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"> If an Amendment, submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised. </td> <td style="width:30%;"> File Number: - [Exhibit 1] </td> </tr> </table>	If an Amendment, submit as an Exhibit a listing by Section and Question Number the portions of the previous Report that are being revised.	File Number: - [Exhibit 1]	
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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)
VIDEO VOICE, INC.	0004934246

Station List

This Report is filed for the following stations:

Copy	Call Sign	Facility ID Number	Location (City/State)	Class of service
1.	WVH-CA	70158	SOUTHAMPTON , NEW YORK	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-A - Non-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, Permittees, or Respondents with a majority interest in or that otherwise exercise de facto control over the subject Licensee or Permittee 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 , Permittees, or entities with a majority interest in or that otherwise exercises de facto control over the subject Licensee shall respond.)

Not Applicable

Capitalization Information

Copy	Class of stock (preferred, common or other)	Voting or Non-voting	Number of shares			
			Authorized	Issued and Outstanding	Treasury	Unissued
1.	<input type="radio"/> Preferred <input checked="" type="radio"/> Common <input type="radio"/> Other (specify)	<input checked="" type="radio"/> Voting <input type="radio"/> Non-Voting	200	200	0	0

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 or Permittee 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 or Permittee for which the report is being submitted.

Ownership Interests Information

Copy 1.	Name	VIDEO VOICE, INC.
	Address	Street P.O. BOX 769 City/State WAINSCOTT , NEW YORK Postal/ZIP Code 11975 - 0769 Country (if not U.S.)
	Listing Type	<input checked="" type="radio"/> Respondent <input type="radio"/> Other Interest Holder
	Relationship to Licensee/Permittee	<input checked="" type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <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 ENTITY
	FCC Registration Number	0004934246
	Percentage of votes	0.0 %
	Percentage of total assets (equity debt plus)	0.0 %

Copy 2.	Name	ERNEST J. SCHIMIZZI
	Address	Street P.O. BOX 769 City/State WAINSCOTT , NEW YORK Postal/ZIP Code 11975 - 0769 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee/Permittee	<input checked="" type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <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	0019897446	
Percentage of votes	50.0 %	
Percentage of total assets (equity debt plus)	50.0 %	

Copy 3.	Name	GREGORY F. SCHIMIZZI
	Address	Street P.O. BOX 769 City/State WAINSCOTT , NEW YORK Postal/ZIP Code 11975 - 0769 Country (if not U.S.)
	Listing Type	<input type="radio"/> Respondent <input checked="" type="radio"/> Other Interest Holder
	Relationship to Licensee/Permittee	<input checked="" type="radio"/> Licensee/Permittee (or Officer/Director of Licensee/Permittee) <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	0019897495
	Percentage of votes	50.0 %
	Percentage of total assets (equity debt plus)	50.0 %

(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.	<input checked="" type="radio"/> Yes <input type="radio"/> No [Exhibit 3]
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(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?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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	<p>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.</p> <p>[Broadcast Interests Subform]</p> <p>[Newspaper Interests Subform]</p>																
(d.)	<p>Are any of the individuals listed in response to Question 3(a) married, related as parent-child, or related as siblings?</p> <p>If "Yes", complete the information describing the relationship.</p> <table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="5">Familial Relationships</th> </tr> <tr> <th style="width: 10%;">Copy</th> <th style="width: 40%;">Name</th> <th style="width: 15%;">Parent/ Child</th> <th style="width: 15%;">Spouse</th> <th style="width: 20%;">Siblings</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td>ERNEST AND GREGORY SCHIMIZZI</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input checked="" type="radio"/></td> </tr> </tbody> </table>	Familial Relationships					Copy	Name	Parent/ Child	Spouse	Siblings	1.	ERNEST AND GREGORY SCHIMIZZI	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
Familial Relationships																	
Copy	Name	Parent/ Child	Spouse	Siblings													
1.	ERNEST AND GREGORY SCHIMIZZI	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>													
(e.)	<p>Is Respondent seeking an attribution exemption for any officer or director with duties unrelated to the Licensee or Permittee ?</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>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>															

SECTION III - CERTIFICATION

I certify that I am PRESIDENT

(Official Title)

of VIDEO VOICE, 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 ERNEST J. SCHIMIZZI	Date 10/03/2011
Telephone Number of Respondent (Include area code) 8007579884	

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