

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: 0003758026	File Number: 0000080323	Submit Date: 08/14/2019	Call Sign: WKLG	Facility ID: 73177	City:
ROCK HARBOR	State: FL				
Service: Full Power FM	Purpose: EEO Report	Status: Received	Status Date: 08/14/2019	Filing Status: Active	

General Information

Section	Question	Response
Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	2019 FM 396
Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WKLG, INC. Doing Business As: WKLG, INC.	C/O DAVID W. FREEMAN 513 SOUTHARD STREET KEY WEST, FL 33040 United States	+1 (305) 294-2542	porterallenkw@aol.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Joseph A Belisle , III . Belisle Law Firm PA	Joseph Belisle PO Box 970620 Miami, FL 33197 United States	+1 (305) 978-7675	joe@belislelaw.com	Legal Representative
Clifton G Moor TECHNICAL CONSULTANT Bromo Communications Inc.	Gil Moor 3600 dallas Highway Suite 230 - PMB 164 Marietta, GA 30064 United States	+1 (304) 636-2257	GIL@BROMOCOM.COM	Technical Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
73177	WKLG	ROCK HARBOR	FL	No

Program Report Questions

Section	Question	Response
Discrimination Complaints	Have any pending or resolved complaints been filed during this license term before any body having competent jurisdiction under federal, state, territorial or local law, alleging unlawful discrimination in the employment practices of the station(s)?	No

Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	Yes
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Certification

Question	Response
The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C.F. R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay	
Certified Date	08/14 /2019
Certified Title	Vice President
Authorized Party Name	David W Freeman

Attachments

No Attachments.