

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 002	2 9120201 F	ile Number: 0000082940	Submit Date: 09/30/2	2019 Call Sign: WFLC	Facility ID: 72984 City:
MIAMI	State: FL				
Service: F	ull Power FM	Purpose: EEO Report	Status: Received	Status Date: 09/30/2019	Filing Status: Active

General	Section	Question	Response
Information	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.	Miami Market- Cox Radio 2019 Model EEO Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
COX RADIO, INC. Doing Business As: COX RADIO, INC.	General Manager 2741 N. 29TH AVENUE HOLLYWOOD, FL 33020 United States	+1 (305) 444- 4404	Ralph.Renzi@coxinc. com	COR

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Christina H	Christina H. Burrow	+1 (202) 776-	cburrow@cooley.	Legal
	Burrow	1299 Pennsylvania Avenue, NW,	2687	com	Representative
	Legal	Suite 700			
	Representative	Washington, DC 20004			
	COOLEY LLP	United States			

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
72984	WFLC	ΜΙΑΜΙ	FL	No
71418	WEDR	ΜΙΑΜΙ	FL	No
72982	WHQT	CORAL GABLES	FL	No
40408	WFEZ	MIAMI	FL	No

Program Report Questions

Common Stations

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)?	Yes

	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?No					
Additional Program Report Questions	Responsibility for Implementation A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:						
	Name Title						
	Ralph Renzi	General Manager					
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		09/30 /2019				
	Certified Title						
	Authorized Party Name						
Attachments		Uploaded Attachment					

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>397-Miami-2017-2018 Annual EEO</u> Public File Report.pdf	Applicant	EEO Public File Report	2017-2018 Annual EEO Public File Report	Done with Virus Scan and/or Conversion
Miami 2018-2019 EEO Public File Report.pdf	Applicant	EEO Public File Report	2018-2019 Annual EEO Public File Report	Done with Virus Scan and/or Conversion
Miami-EEO Report-EEO Complaints Exhibit.pdf	Applicant	Discrimination Complaints	Discrimination Complaints	Done with Virus Scan and/or Conversion
Miami-Narrative Statement regarding outreach (003).pdf	Applicant	Narrative Statement	Miami-Narrative Statement Regarding Outreach	Done with Virus Scan and/or Conversion