

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0006926489** | File Number: **0000081631** | Submit Date: **09/18/2019** | Call Sign: **WXCW** | Facility ID: **71693** | City: **HOMOSASSA SPRINGS** | State: **FL**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/18/2019** | 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.	Broadcast EEO Program Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WXOF, INC. Doing Business As: WXOF, INC.	13825 US HWY 19, SUITE 400 HUDSON, FL 34667 United States	+1 (727) 697-1063	steve@greatesthits106.com	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
James A. Koerner Koerner & Olender, P.C.	7020 Richard Drive Bethesda, MD 20817 United States	+1 (301) 468-3336	jkoerner.law@comcast.net	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
71585	WXZC	INGLIS	FL	Yes
47881	WXOF	YANKEETOWN	FL	No
71693	WXCW	HOMOSASSA SPRINGS	FL	No
57563	WXCZ	CEDAR KEY	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?	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
Stephen Schurdell	Managing Partner

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	09/18 /2019
Certified Title	President
Authorized Party Name	Stephen Schurdell

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>WXOF Narrative.pdf</u>	Applicant	Narrative Statement	WXOF Narrative	Done with Virus Scan and /or Conversion
<u>WXOF Public File Report.pdf</u>	Applicant	EEO Public File Report	WXOF, WXCW, WXCZ and WXZC 2019 and 2018 Public File Reports	Done with Virus Scan and /or Conversion