

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0028349397** | File Number: **0000081706** | Submit Date: **09/19/2019** | Call Sign: **WIWA** | Facility ID: **57931** | City:
EATONVILLE | State: **FL**
Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/19/2019** | 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.	WIWA-AM For 396 Filing
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
MARC RADIO ORLANDO, LLC Doing Business As: MARC RADIO ORLANDO, LLC	1011 NORTH WYMORE RD WINTER PARK, FL 32789 United States	+1 (407) 645-4549	FHAMNER@FAHPA.COM	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
JOSEPH A. BELISLE , III . ATTORNEY BELISLE LAW FIRM P.A.	PO Box 970620 MIAMI, FL 33197 United States	+1 (350) 978-7675	JOE@BELISLELAW.COM	Legal Representative
JOHN GEORGE TECHNICAL CONSULTANT MARC RADIO GAINESVILLE, LLC	JOHN GEORGE PO Box 84025 LEXINGTON, SC 29073 United States	+1 (803) 951-7443	JGEORGE@MARCRADIO.COM	Technical Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
57931	WIWA	EATONVILLE	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

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	09/19 /2019
Certified Title	General Manager
Authorized Party Name	Dave Cobb

Attachments

No Attachments.