

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0004343323** | File Number: **0000123597** | Submit Date: **10/01/2020** | Call Sign: **WAPA-TV** | Facility ID: **52073**
 City: **SAN JUAN** | State: **PR**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **10/01/2020** | Filing Status: **Active**

General Information

Section	Question	Response
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
TELEVICENTRO OF PUERTO RICO, LLC	JAVIER MAYNULET PO Box 362050 SAN JUAN, 00936-2050 Puerto Rico	7877924444	javier.maynulet@wapa-tv.com	Company

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
SALLY A. BUCKMAN Attorney LERMAN SENTER PLLC	SALLY A. BUCKMAN 2001 L Street, NW SUITE 400 WASHINGTON, DC 20036 United States	+1 (202) 429-8970	SBUCKMAN@LERMANSENTER.COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
73336	WNJX-TV	MAYAGUEZ	PR	No
26681	WTIN-TV	PONCE	PR	No
52073	WAPA-TV	SAN JUAN	PR	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)?	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

Responsibility for Implementation

Program Report Questions

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
Javier Maynulet	President and 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	10/01/2020
Certified Title	President
Authorized Party Name	Javier Maynulet

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
2018-19 EEO Public File Report.pdf	Applicant	EEO Public File Report		Done with Virus Scan and /or Conversion
Discrimination Complaints.pdf	Applicant	Discrimination Complaints		Done with Virus Scan and /or Conversion
WAPA-TV WNJX-TV WTIN-TV EEO PFR 2019-2020.pdf	Applicant	EEO Public File Report		Done with Virus Scan and /or Conversion
WAPA-TV WTIN-TV WNJX-TV Narrative Statement.pdf	Applicant	Narrative Statement		Done with Virus Scan and /or Conversion