

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0014275069** | File Number: **0000123128** | Submit Date: **09/30/2020** | Call Sign: **WSBS-TV** | Facility ID: **72053**  
 City: **KEY WEST** | State: **FL**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/30/2020** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Attachments</b>	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
<b>WSBS LICENSING, INC.</b> Doing Business As: WSBS LICENSING, INC.	Spanish Broadcasting System, Inc. 7007 NW 77TH AVE. MIAMI, FL 33166 United States	+1 (305) 441-6901	licensemanagement@sbscorporate.com	Company

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Nancy A. Ory Attorney Lerman Senter PLLC	2001 L Street, NW Suite 400 Washington, DC 20036 United States	+1 (202) 416-6791	nory@lermansenter.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
72053	WSBS-TV	KEY WEST	FL	No
29547	WSBS-CD	MIAMI, ETC.	FL	No

## Program Report Questions

Section	Question	Response
<b>Discrimination Complaints</b>	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
<b>Full-time Employees</b>	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
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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	09/30 /2020
Certified Title	Secretary
Authorized Party Name	Richard D. Lara

**Attachments**

File Name	Uploaded By	Attachment Type	Description	Upload Status
<a href="#">SBS EEO Narrative Statement.pdf</a>	Applicant	All Purpose	Narrative Statement	Done with Virus Scan and /or Conversion
<a href="#">WSBS-TV WSBS-CD 2018-2019 EEO Public File Report.pdf</a>	Applicant	EEO Public File Report	Miami TV 2018-19 Report	Done with Virus Scan and /or Conversion
<a href="#">WSBS-TV, WSBS-CD EEO Public File Report 2019-2020.pdf</a>	Applicant	EEO Public File Report	Miami TV 2019-20 Report	Done with Virus Scan and /or Conversion