

Applicant Type

## Broadcast Equal Employment Opportunity Program Report

 FRN:
 0021114665
 File Number:
 0000142456
 Submit Date:
 04/01/2021
 Call Sign:
 KKBA
 Facility ID:
 34918
 City:

 KINGSVILLE
 State:
 TX

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 04/01/2021
 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.	EEO Program Report for Corpus Christi Employment Unit
	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	Туре
MALKAN INTERACTIVE	2117 LEOPARD	+1 (361)	rbrown@malkaninteractive.	LLC
COMMUNICATIONS, LLC	STREET	883-3516	com	
Doing Business As: MALKAN INTERACTIVE	CORPUS			
COMMUNICATIONS, LLC	CHRISTI, TX			
	78469			
	United States			

Contact Representatives	Contact Name	Addres	S	Phone	Email				Contact Type
	Barry Friedman THOMPSON HINE LLP	W.	1 Street, N. ngton, DC	+1 (202) 331- 8800	BARRY		OMPSONHIN	NE.COM	Legal Representative
Common Stations	Facility Identifier Call		ll Sign	City		State	Time Brok	kerage Ag	reement
	39716 KZFM		ZFM	CORPUS CHRISTI		ТХ	No		
	39715	KEYS		CORPUS CHRISTI		тх	No		
	34918	KK	KBA	KINGSVILLE		тх	No		
Program Report Questions	Section		Question					Respons	e
	•			pending or resolved se term before any bo			-	No	

of the station(s)?

jurisdiction under federal, state, territorial or local law,

alleging unlawful discrimination in the employment practices

	Full-time Employees	Does your station employment unit employ fewer than fiveNofull-time employees? Consider as "full-time" employees allthose permanently working 30 or more hours a week?					
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						
	Rodney Brown	Rodney Brown General Manager					
Cartification	Question		Response				
Certification	The undersigned certifies the trustee, authorized employed on behalf of the party filing F.R. Section 1.23(a), who is or she has read the docum	hat he or she is (a) the party filing the report, or an officer, director, member, partner, ee, or other individual or duly elected or appointed official who is authorized to sign the report; or (b) an attorney qualified to practice before the Commission under 47 C. s authorized to represent the party filing the report, and who further certifies that he ent; that to the best of his or her knowledge, information, and belief there is good at it is not interposed for delay					
	Certified Date		04/01 /2021				
	Certified Title		Managing Member				
	Authorized Party Name		Hope Malkan				

## Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
MIC2020EEO.	Applicant	EEO Public File	2019-2020 EEO Program	Done with Virus Scan and/or
pdf		Report	Report	Conversion
MIC2021EEO.	Applicant	EEO Public File	2020-2021 EEO Program	Done with Virus Scan and/or
pdf		Report	Report	Conversion
MIC331NSRev. pdf	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion