

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Mid-Term Report

FRN: **0002710192** | File Number: **0000014222** | Submit Date: **09/30/2016** | Call Sign: **WHDT** | Facility ID: **83929** | City: **STUART** | State: **FL**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/30/2016** | 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
<b>Guenter MARKSTEINER</b> Doing Business As: GUENTER MARKSTEINER	GUENTER MARKSTEINER 5244 SW ORCHID BAY DRIVE PALM CITY, FL 34990 United States	+1 (561) 983-6300	MARKSTEINER@WHDT.NET	IND

## Contact Representatives

Information not provided.

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
83929	WHDT	STUART	FL	No
25538	WHDN-CD	NAPLES	FL	No

## Mid-Term Report Questions

Section	Question	Response
Mid-Term Report	Does your station employment unit employ fewer than five full-time employees?	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	09/30/2016
Certified Title	Individual Licensee
Authorized Party Name	Guenter Marksteiner

## Attachments

No Attachments.