

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0007848658** | File Number: **0000144624** | Submit Date: **05/05/2021** | Call Sign: **KVBX** | Facility ID: **171004** | City: **TAYLOR** | State: **AZ**  
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **05/05/2021** | Filing Status: **Active**

## General Information

Section	Question	Response
<b>Application Description</b>	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.	KVBX EEO 2021
<b>Attachments</b>	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>NEW STAR BROADCASTING LLC</b> Doing Business As: NEW STAR BROADCASTING LLC	Vance Barbee PO Box 2770 SHOW LOW, AZ 85902 United States	+1 (928) 892-9770	VANCE@NEWSTARBROADCASTING.COM	Company

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Vance Barbee Cheif Operator New Star Broadcasting LLC	Vance Barbee PO Box 2770 Show Low, AZ 85902 United States	+1 (928) 892- 9770	vance@newstarbroadcasting.com	Technical Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
191519	KRXD	MCNARY	AZ	No
171004	KVBX	TAYLOR	AZ	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?	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	05/05 /2021
Certified Title	Managing Member
Authorized Party Name	Vance Barbee

**Attachments**

No Attachments.