

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0026078733** | File Number: **0000075066** | Submit Date: **06/27/2019** | Call Sign: **WMRV** | Facility ID: **19875** | City: **SPRING LAKE** | State: **NC**  
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **06/27/2019** | Filing Status: **Active**

## General Information

Section	Question	Response
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.	WMRV 2019 RENEWAL EEO REPORT
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
COLONIAL MEDIA AND ENTERTAINMENT, LLC Doing Business As: COLONIAL MEDIA AND ENTERTAINMENT, LLC	4337 BIG BARN DRIVE LITTLE RIVER, SC 29566 United States	+1 (910) 867-4129	JEFF@COLONIALME.COM	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
ANTHONY T LEPORE , ESQ. . RADIOTVLAW ASSOCIATES, LLC	4101 Albemarle St NW #324 WASHINGTON, DC 20016 United States	+1 (202) 681-2201	anthony@radiotvlaw.net	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
19875	WMRV	SPRING LAKE	NC	No
72055	WFAY	FAYETTEVILLE	NC	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)?	No
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?	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	06/27/2019
Certified Title	PRESIDENT
Authorized Party Name	JEFFREY ANDRULONIS

Attachments

No Attachments.