

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0028349397** | File Number: **0000082662** | Submit Date: **09/30/2019** | Call Sign: **WSBH** | Facility ID: **166009** | City: **SATELLITE BEACH** | State: **FL**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/30/2019** | 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.	WSBH Form 396 EEO For 2019 Renewal
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
WSBH FM, LLC	5057 TURNPIKE FEEDER ROAD FORT PIERCE, FL 20006 United States	+1 (202) 656-1619	marissa@repplawfirm.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Marissa G Repp , Esq . Attorney REPP LAW FIRM	1629 K STREET, NW SUITE 300 WASHINGTON, DC 20006- 1631 United States	+1 (202) 656- 1619	MARISSA@REPPLAWFIRM. COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
166009	WSBH	SATELLITE BEACH	FL	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?	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	09/30/2019
Certified Title	Manager
Authorized Party Name	Christopher D Smith

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WSBH Annual EEO Report 2018-19.pdf	Applicant	EEO Public File Report	WSBH EEO Public File Report 2018-2019	Done with Virus Scan and/or Conversion
wsbh-eeo-public-file-report-10_1_2017-to-9_30_2018-20180928-203726686-pdf (2).pdf	Applicant	EEO Public File Report	WSBH EEO Public File Report 2017-2018	Done with Virus Scan and/or Conversion
WSBH Form 396 EEO Exhibit 9_27_19.pdf	Applicant	Narrative Statement	Broad EEO Outreach	Done with Virus Scan and/or Conversion