

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0004077426** | File Number: **0000083399** | Submit Date: **10/01/2019** | Call Sign: **WBCN** | Facility ID: **4437** | City: **NORTH FORT MYERS** | State: **FL**
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **10/01/2019** | 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.	FORT MYERS EEO PROGRAM 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
BEASLEY MEDIA GROUP LICENSES, LLC Doing Business As: BEASLEY MEDIA GROUP LICENSES, LLC	3033 RIVIERA DRIVE SUITE 200 NAPLES, FL 34103 United States	+1 (239) 263-5000	CAROLINE@BBGI.COM	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
SALLY A. BUCKMAN LERMAN SENTER PLLC	2001 L STREET, NW SUITE 400 WASHINGTON, DC 20036 United States	+1 (202) 429-8970	SBUCKMAN@LERMANSENTER.COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
73933	WXKB	CAPE CORAL	FL	No
74286	WWCN	FORT MYERS BEACH	FL	No
73976	WRXK-FM	BONITA SPRINGS	FL	No
4437	WJBX	NORTH FORT MYERS	FL	No
74080	WJPT	FORT MYERS	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
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**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
Brad Beasley	Market Manager

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	10/01 /2019
Certified Title	CEO
Authorized Party Name	Caroline Beasley

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
<u>Beasley Fort Myers EEO PFR 2017-18.pdf</u>	Applicant	EEO Public File Report	2017-18 EEO PFR	Done with Virus Scan and/or Conversion
<u>Beasley Fort Myers EEO PFR 2018-19.pdf</u>	Applicant	EEO Public File Report	2018-19 EEO PFR	Done with Virus Scan and/or Conversion
<u>Narrative Statement.pdf</u>	Applicant	Narrative Statement	Narrative Statement	Done with Virus Scan and/or Conversion