

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0020176533** | File Number: **0000130593** | Submit Date: **01/06/2021** | Call Sign: **WEPH** | Facility ID: **83946** | City: **TUPELO** | State: **MS**  
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **01/06/2021** | 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>CHRISTIAN TELEVISION NETWORK OF MISSISSIPPI, INC.</b> Doing Business As: CHRISTIAN TELEVISION NETWORK OF MISSISSIPPI, INC.	Robert Evans PO BOX 6922 CLEARWATER, FL 33758 United States	+1 (727) 535-5622	revans@ctntv.net	NFP

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Joseph C Chautin , III . Legal Counsel Hardy, Carey, Chautin & Balkin, LLP	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	jchautin@hardycarey.com	Legal Representative
Chris L Mavros Director of Engineering Christian Television Network of Mississippi, Inc.	PO Box 6922 Clearwater, FL 33782 United States	+1 (727) 535-5622	clmavros@yahoo.com	Technical Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
83946	WEPH	TUPELO	MS	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
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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	01/06 /2021
Certified Title	President
Authorized Party Name	Robert D'Andrea

Attachments

No Attachments.