

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0017029034
 File Number:
 0000140885
 Submit Date:
 03/24/2021
 Call Sign:
 DKOPE
 Facility ID:
 176097
 City:

 ELDORADO
 State:
 TX

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status Date:
 03/24/2021
 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.	KOPE 396 2021 LICENSE RENEWAL
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
THE CENTER FOR EDUCATION NONPROFIT CORP. Doing Business As: THE CENTER FOR EDUCATION NONPROFIT CORP.	800 WEST AIRPORT FREEWAY SUITE 880, LB 6015 IRVING, TX 75062 United States	+1 (972) 554-0929	PCL880@aim. com	NFP

Contact	Contact Name	Address	Pho	ne	Email	Contact Type
Representatives	CRAIG LAIRD , ESQ . ASHLEY & LAIRD, LC	800 WEST AIRPO SUITE 880, LB 60 IRVING, TX 75062 United States	15	972) 554-0929	PCL880@AIM.COM	I Legal Representative
	JIM BOB MEASURES CONSULTANT JIM BOB MEASURES	P.O. BOX 304 SPRINGTOWN, TX United States	•	817) 523-7591	jimbob@nxlink.com	Technical Representative
Common	Facility Identifier	Call Sign	City	State	e Time Brokerag	le Agreement
Stations	176097	KOPE	ELDORADO	ТХ	No	
	175794	KWTR	ELDORADO	ТХ	No	
Program Report Questions	Section	Question			1	Response
	Discrimination Compl	this license jurisdiction	term before any under federal, st	body having co ate, territorial o	ompetent	No

of the station(s)?

	Full-time Employees Does your station employment unit employ fewer than full-time employees? Consider as "full-time" employee those permanently working 30 or more hours a week?			
Certification	Question			
	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	03/24/20		
	Certified Title	DIRECT		
	Authorized Party Name	CRAIG LAIRD , ESQ		

Attachments

No Attachments.