

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0020216172** | File Number: **0000217247** | Submit Date: **06/28/2023** | Call Sign: **WPIE** | Facility ID: **52124** | City: **TRUMANSBURG** | State: **NY**
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **06/28/2023** | 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.	WPIE AMENDED 396 JUNE 2023
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
VIZELLA MEDIA, LLC Doing Business As: VIZELLA MEDIA, LLC	Todd Mallinson 3100 N. TRIPHAMMER RD. SUITE 100 LANSING, NY 14882 United States	+1 (607) 533-0057	TODDM@VIZELLAMEDIA.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
52124	WPIE	TRUMANSBURG	NY	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

Responsibility for Implementation

Questions

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
TODD MALLINSON	PRESIDENT/OWNER

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	06/28/2023
Certified Title	PRESIDENT
Authorized Party Name	TODD MALLINSON

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
WPIE Amended EEO Public File Report 2020-21.pdf	Applicant	EEO Public File Report	WPIE 2020-21 Amended EEO Public File Report	Done with Virus Scan and/or Conversion
WPIE Amended EEO Public File Report 2021-22.pdf	Applicant	EEO Public File Report	WPIE 2021-22 Amended EEO Public File Report	Done with Virus Scan and/or Conversion
WPIE Amended Form 396 Narrative Statement.pdf	Applicant	Narrative Statement	WPIE Amended Narrative Statement	Done with Virus Scan and/or Conversion