

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0019718634** | File Number: **0000082414** | Submit Date: **09/27/2019** | Call Sign: **WILN** | Facility ID: **4125** | City: **PANAMA CITY** | State: **FL**
 Service: **Full Power FM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/27/2019** | 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.	WILN, WVFT, WWLY, WYOO, and WYYX EEO Program Report
Attachments	Are attachments (other than associated schedules) being filed with this application?	Yes

Licensee Information

Licensee Name, Type and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MAGIC BROADCASTING II, LLC	7106 LAIRD STREET SUITE 102 PANAMA CITY BEACH, FL 32408 United States	+1 (850) 230-5855	dongmccoy@aol.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Matthew H McCormick , Esq. . Fletcher, Heald & Hildreth, PLC	1300 N 17th Street Suite 1100 Arlington, VA 22209 United States	+1 (703) 812-0400	mccormick@fhhlaw.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
25412	WYYX	BONIFAY	FL	No
15979	WVFT	GRETNA	FL	No
67074	WYOO	SPRINGFIELD	FL	No
4125	WILN	PANAMA CITY	FL	No
72956	WWLY	PANAMA CITY 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
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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
Donald McCoy	Member

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	09/27 /2019
Certified Title	Member
Authorized Party Name	Donald G. McCoy

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
EEO Narrative Statement.pdf	Applicant	Narrative Statement	EEO Narrative Statement	Done with Virus Scan and /or Conversion
Magic Broadcasting - 2017-2018 Annual EEO Report.pdf	Applicant	EEO Public File Report	2017-2018 Annual EEO Report	Done with Virus Scan and /or Conversion
Magic Broadcasting - 2018-2019 Annual EEO Report .pdf	Applicant	EEO Public File Report	2018-2019 Annual EEO Report	Done with Virus Scan and /or Conversion