

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0027279462** | File Number: **0000083304** | Submit Date: **10/01/2019** | Call Sign: **WNRP** | Facility ID: **87034** | City: **GULF BREEZE** | 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.	WNRP EEO 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
David E Hoxeng Doing Business As: ADX COMMUNICATIONS OF ESCAMBIA	7251 PLANTATION RD. PENSACOLA, FL 32504 United States	+1 (850) 494-2800	dhoxeng@catcountry987.com	IND

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Dan J Alpert THE LAW OFFICE OF DAN J. ALPERT	2120 21 Rd. N Arlington, VA 22201 United States	+1 (703) 243-8690	dja@commlaw.tv	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
87034	WNRP	GULF BREEZE	FL	No
539	WYCT	PENSACOLA	FL	No
64	WEBY	MILTON	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

**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
Mary Hoxeng	EEO Representative

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	owner
Authorized Party Name	David E Hoxeng

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Outreach Efforts.pdf	Applicant	Narrative Statement	Outreach Efforts	Done with Virus Scan and/or Conversion
WNRP 2018 ANNUAL EEO REPORT.pdf	Applicant	EEO Public File Report	2018 Report	Done with Virus Scan and/or Conversion
WNRP 2019 ANNUAL EEO REPORT.pdf	Applicant	EEO Public File Report	2019 Report	Done with Virus Scan and/or Conversion