

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0022147714** | File Number: **0000090443** | Submit Date: **11/20/2019** | Call Sign: **WSEG** | Facility ID: **25548** | City: **SAVANNAH** | State: **GA**
 Service: **Full Power AM** | Purpose: **EEO Report** | Status: **Received** | Status Date: **11/20/2019** | 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.	EEO Report for WSEG - WFNS - WSNL License Renewal 2019
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
SOUTHERN MEDIA INTERACTIVE LLC Doing Business As: SOUTHERN MEDIA INTERACTIVE LLC	P.O. BOX 876 FITZGERALD, GA 31750 United States	+1 (229) 425-0917	charlie@espncoastal.com	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Cary S. Tepper Communications counsel Tepper Law Firm, LLC	Cary S. Tepper 4900 Auburn Avenue Suite 100 Bethesda, MD 20814-2632 United States	+1 (301) 718-1818	tepperlaw@aol.com	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
11076	WFNS	BLACKSHEAR	GA	No
25548	WSEG	SAVANNAH	GA	No
29131	WSFN	BRUNSWICK	GA	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
Charlie Komons	General Manager

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	11/20 /2019
Certified Title	Managing Member
Authorized Party Name	William J. Dorminy

Attachments

File Name	Uploaded By	Attachment Type	Description	Upload Status
Southern Media - EEO Narrative 2019.pdf	Applicant	Narrative Statement	EEO Narrative	Done with Virus Scan and/or Conversion
Southern Media - EEO Public File Report 12-1-2017 to 11-30-2018.pdf	Applicant	EEO Public File Report	EEO Public File Report - 12-1-2017 to 11-30-2018	Done with Virus Scan and/or Conversion
Southern Media - EEO Public File Report 12-1-2018 to 11-30-2019.pdf	Applicant	EEO Public File Report	EEO Public File Report - 12-1-2018 to 11-30-2019	Done with Virus Scan and/or Conversion