

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0007202963** File Number: **0000122566** Submit Date: **09/28/2020** Call Sign: **WSPF-CD** Facility ID: **11559**

City: ST. PETERSBURG State: FL

Service: Digital Class A Purpose: EEO Report Status: Received Status Date: 09/28/2020 Filing Status: Active

General Information

Section	Question	Response
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
WSPF-CA STATION, LLC Doing Business As: WSPF-CA STATION, LLC	Maria Martinez 147 Alhambra Circle Suite 131 Coral Gables, FL 33134 United States	+1 (305) 903- 6507	maria. martinez@primetimepartners. net	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Paul Feldman , Esq FLETCHER, HEALD & HILDRETH, PLC	1300 North 17th Street 11th Floor Arlington, VA 22209 United States	+1 (703) 812- 0400	FELDMAN@FHHLAW. COM	Legal Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
11559	WSPF-CD	ST. PETERSBURG	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?	Yes

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	09/28 /2020
Certified Title	Member of Parent
Authorized Party Name	Jose Rodriguez

Attachments

No Attachments.