

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0026907345** | File Number: **0000121454** | Submit Date: **09/11/2020** | Call Sign: **WQQZ-CD** | Facility ID: **32142**  
 City: **PONCE** | State: **PR**  
 Service: **Digital Class A** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/11/2020** | 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
<b>HC2 STATION GROUP, INC.</b> Doing Business As: HC2 STATION GROUP, INC.	RENEE ILHARDT 450 PARK AVENUE 30TH FLOOR NEW YORK, NY 10022 United States	+1 (954) 606-5486	RILHARDT@HC2BROADCASTING.COM	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
REBECCA HANSON EVP AND GENERAL COUNSEL HC2 BROADCASTING HOLDINGS INC.	450 PARK AVENUE 30TH FLOOR NEW YORK, NY 10022 United States	+1 (212) 339-5832	RHANSON@HC2BROADCASTING.COM	Legal Representative
RENEE ILHARDT CORPORATE REPRESENTATIVE HC2 BROADCASTING HOLDINGS INC.	450 PARK AVENUE 30TH FLOOR NEW YORK, NY 10022 United States	+1 (954) 606-5486	RILHARDT@HC2BROADCASTING.COM	CORPORATE REPRESENTATIVE

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
32142	WQQZ-CD	PONCE	PR	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

<b>Full-time Employees</b>	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
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**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	09/11/2020
Certified Title	CHIEF OPERATING OFFICER
Authorized Party Name	HENRY TURNER

**Attachments**

No Attachments.