

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0011244886** | File Number: **0000123436** | Submit Date: **10/01/2020** | Call Sign: **WIDP** | Facility ID: **18410** | City: **GUAYAMA** | State: **PR**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **10/01/2020** | 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
EBENEZER BROADCASTING GROUP, INC.	WILLIAM ADORNO PO Box 13428 San Juan, Puerto Rico 00908 Puerto Rico	7879990360	ingenieriaebn@gmail.com	COR

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Jorge R Figueroa , PE . Consulting Engineer Jorge R Figueroa, PE	Jorge R Figueroa, PE PO Box 903 Saint Just, Puerto Rico 00978-0903 Puerto Rico	(787) 761-2833	ibs-pr@usa.net	Technical Representative
Francisco R. Montero , Esq. . Fletcher, Heald & Hildreth, PLC	1300 North 17th Street 11th Floor Arlington, VA 22209 United States	+1 (703) 812-0400	montero@fhhlaw.com	Legal Representative
GRAFTON OLIVERA CONSULTING ENGINEER GRAFTON OLIVERA, P.E. CONSULTING ENGINEER	GRAFTON OLIVERA 5119 60th Drive E Bradenton, FL 34203 United States	+1 (941) 323-0381	GRAFTON.OLIVERA@ME.COM	Technical Representative

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
18410	WIDP	GUAYAMA	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

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
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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	10/01/2020
Certified Title	President
Authorized Party Name	RICARDO MONTANEZ

Attachments

No Attachments.