

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0014037857** | File Number: **0000123009** | Submit Date: **09/30/2020** | Call Sign: **WBXJ-CD** | Facility ID: **70414**  
 City: **JACKSONVILLE, ETC.** | State: **FL**  
 Service: **Digital Class A** | Purpose: **EEO Report** | Status: **Received** | Status Date: **09/30/2020** | Filing Status: **Active**

**General Information**

Section	Question	Response
<b>Attachments</b>	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>L4 MEDIA GROUP, LLC</b> Doing Business As: L4 MEDIA GROUP, LLC	Scott Saldana 200 South Wacker Suite 2450 Chicago, IL 60606 United States	+1 (844) 441-3397	ssaldana@sktytrading.com	LLC

**Contact Representatives**

Contact Name	Address	Phone	Email	Contact Type
DAVINA SASHKIN FLETCHER, HEALD & HILDRETH, PLC	1300 NORTH 17TH ST. 11TH FLOOR ARLINGTON, VA 22209 United States	+1 (703) 812-0400	SASHKIN@FHHLAW.COM	Legal Representative

**Common Stations**

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
70415	WZXZ-CD	ORLANDO, ETC.	FL	No
70414	WBXJ-CD	JACKSONVILLE, ETC.	FL	No

**Program Report Questions**

Section	Question	Response
<b>Discrimination Complaints</b>	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

**Certification**

Question	Response
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<p>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</p>	
<p>Certified Date</p>	<p>09/30 /2020</p>
<p>Certified Title</p>	<p>Managing Member</p>
<p>Authorized Party Name</p>	<p>Scott Saldana</p>

**Attachments**

No Attachments.