

(REFERENCE COPY - Not for submission)

# Broadcast Equal Employment Opportunity Program Report

FRN: **0015435407** | File Number: **0000123422** | Submit Date: **10/01/2020** | Call Sign: **WGFL** | Facility ID: **7727** | City:  
**HIGH SPRINGS** | State: **FL**  
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
<b>NEW AGE MEDIA OF GAINESVILLE LICENSE, LLC</b> Doing Business As: NEW AGE MEDIA OF GAINESVILLE LICENSE, LLC	1181 HIGHWAY 315 WILKES-BARRE, PA 18702 United States	+1 (570) 970-5600	jparente1966@gmail.com	LLC

## Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Daniel A Kirkpatrick , Esq . FLETCHER, HEALD & HILDRETH, PLC	1300 NORTH 17TH ST 11th Floor Arlington, VA 22209 United States	+1 (703) 812-0432	kirkpatrick@fhhlaw.com	Legal Representative

## Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
7727	WGFL	HIGH SPRINGS	FL	No
7726	WYME-CD	GAINESVILLE	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
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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	CEO
Authorized Party Name	John Parente

Attachments

No Attachments.