

## Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

FRN: 0006844344	File Number: 0000138275	Submit Date: 03/10/20	Call Sign: KBNJ	Facility ID: 73748 City:
CORPUS CHRISTI	State: <b>TX</b>			
Service: Full Power F	M Purpose: EEO Report	Status: Received	Status Date: 03/10/2021	Filing Status: Active

General Information	Section	Question	Response
	Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	KBNJ - EEO Program Report
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

## Licensee Information

Applicant	Address	Phone	Email	Applicant Type
WORLD RADIO NETWORK, INC. Doing Business As: WORLD RADIO NETWORK, INC.	PO BOX 3765 MCALLEN, TX 78502 United States	+1 (956) 787- 9788	glafitte@inspiracom. org	NFP

Contact	Contact Name	Address	Phone	Email	Contact Type
Representatives	Matthew H McCormick , Esq . Fletcher, Heald & Hildreth, PLC	1300 N 17th Street, Suite 1100 Arlington, VA 22209 United States	+1 (703) 812- 0400	mccormick@fhhlaw. com	Legal Representative
Common	Facility Identifier C	all Sign City	State	e Time Brokerage A	greement

Common	Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
Stations	73748	KBNJ	CORPUS CHRISTI	ТХ	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

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	03/10 /2021
Certified Title	Secretary of the Board
Authorized Party Name	Glenn Lafitte

## Attachments

No Attachments.