

(REFERENCE COPY - Not for submission)

Broadcast Equal Employment Opportunity Program Report

FRN: **0029633443** | File Number: **0000134862** | Submit Date: **02/01/2021** | Call Sign: **WLOV-TV** | Facility ID: **37732** |
 City: **WEST POINT** | State: **MS**
 Service: **Full Service Television** | Purpose: **EEO Report** | Status: **Received** | Status Date: **02/01/2021** | 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
WLOV LICENSE LLC Doing Business As: COASTAL TELEVISION BROADCASTING COMPANY LLC	Bill Fielder 2750 LUBERON LANE Cumming, GA 30041 United States	+1 (678) 777-8659	BFIELDER@YOURALASKALINK.COM	LLC

Contact Representatives

Contact Name	Address	Phone	Email	Contact Type
Dan Kirkpatrick Fletcher, Heald & Hildreth, P.L.C.	1300 N 17th St., Suite 1100 Arlington, VA 22209 United States	+1 (703) 812-0432	kirkpatrick@fhhlaw.com	Legal Representative
Donna Simpson Program Manager Coastal Television Broadcasting Company LLC	PO Box 1732 Tupelo, MS 38802 United States	+1 (662) 842-7620	dsimpson@wlov.com	Program Manager

Common Stations

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
37732	WLOV-TV	WEST POINT	MS	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
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	02/01 /2021
Certified Title	CEO
Authorized Party Name	William A Fielder , III .

Attachments

No Attachments.