

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0021096524
 File Number:
 0000237892
 Submit Date:
 01/31/2024
 Call Sign:
 WIBT
 Facility ID:
 25229
 City:

 GREENVILLE
 State:
 MS

 Service:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 Date:
 01/31/2024
 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.	EEO REPORT
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
DELTA RADIO NETWORK, LLC Doing Business As: DELTA RADIO NETWORK, LLC	LARRY FUSS 9408 GRAND GATE STREET LAS VEGAS, NV 89143 United States	+1 (702) 482- 9393	larry@deltaradio. net	LLC

Contact
Representatives

	Contact Name	Address	Phone	Email	Contact Type
ives	LARRY FUSS PRESIDENT & TECHNICAL DIRECTOR DELTA RADIO NETWORK LLC	9408 GRAND GATE STREET LAS VEGAS, NV 89143 United States	+1 (702) 482- 9393	larry@deltaradio.net	Technical Representative
	BARRY WOOD WOOD & MAINES	3300 FAIRFAX DRIVE SUITE 202 ARLINGTON, VA 22201 United States	+1 (703) 465- 2361	WOOD@LEGALCOMPASS. COM	Legal Representative

Common	
Stations	

Facility Identifier	Call Sign	City	State	Time Brokerage Agreement
59962	WDTL	INDIANOLA	MS	No
59971	WNLA	INDIANOLA	MS	No
66328	WNIX	GREENVILLE	MS	No
25229	WIBT	GREENVILLE	MS	No
66330	WIQQ	LELAND	MS	No

Section

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

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

Response

Certified Date	01/31/2024
Certified Title	PRESIDENT
Authorized Party Name	LARRY FUSS

Attachments

No Attachments.