

BROADCAST MID-TERM REPORT

(For FCC Use Only)

Code No.

Legal Name of the Licensee <i>Pembroke Pines Elmira, Ltd</i>		
Mailing Address <i>1705 Lake Street</i>		
City <i>Elmira</i>	State or Country (if foreign address) <i>New York</i>	ZIP Code <i>14901</i>
Telephone Number (include area code) <i>607-733-5626</i>	E-Mail Address (if available) <i>RJP-PPM9@STNY.RR.COM</i>	
FCC Registration Number (FRN)	Facility ID Number	Call Sign

TYPE OF BROADCAST STATION:

Commercial Broadcast Station

Noncommercial Broadcast Station

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> Radio | <input type="checkbox"/> TV | <input type="checkbox"/> Educational Radio |
| <input type="checkbox"/> Low Power TV | <input type="checkbox"/> Educational TV | |
| <input type="checkbox"/> International | | |

List call sign and location of all stations included on this report. List commonly owned stations that share one or more employees. Also list stations operated by the licensee pursuant to a time brokerage agreement. Indicate on the table below which stations are operated pursuant to a time brokerage agreement. To the extent that licensees include stations operated pursuant to a time brokerage agreement on this report, responses or information provided in Sections I through III should take into consideration the licensee's EEO compliance efforts at brokered stations, as well as any other stations, included on this form. For purposes of this form, a station employment unit is a station or a group of commonly owned stations in the same market that share at least one employee.

Call Sign	Facility ID Number	Type (check applicable box)	Location (city, state)	Time Brokerage Agreement (check applicable box)
<i>WELM</i>	<i>52120</i>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	<i>ELMIRA, NY</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>WLVY</i>	<i>52122</i>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	<i>ELMIRA, NY</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>WOKN</i>	<i>47322</i>	<input type="checkbox"/> AM <input checked="" type="checkbox"/> FM <input type="checkbox"/> TV	<i>SOUTHPORT NY</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<i>WEHH</i>	<i>55271</i>	<input checked="" type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	<i>HORSEHEADS/ELMIRA HEIGHTS</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV	<i>NY</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> AM <input type="checkbox"/> FM <input type="checkbox"/> TV		<input type="checkbox"/> Yes <input type="checkbox"/> No

SEND NOTICES AND COMMUNICATIONS TO THE FOLLOWING NAMED PERSON AT THE ADDRESS INDICATED BELOW:

Name <i>Nancy Nicastro</i>		Street Address <i>1705 Lake Street</i>	
City <i>Elmira</i>	State <i>NY</i>	Zip Code <i>14901</i>	Telephone No. <i>(607) 733-5626</i>

FILING INSTRUCTIONS

Broadcast station licensees are required to afford equal employment opportunity to all qualified persons and to refrain from discriminating in employment and related benefits on the basis of race, color, national origin, religion, and sex. See 47 C.F.R. Section 73.2080. Pursuant to these requirements, a television station employment unit that employs five or more full-time station employees must file a full and complete Broadcast Mid-Term Report. If a television station employment unit employs fewer than five full-time employees, only the first two pages of this report need be filed.

A copy of this Mid-Term Report must be kept in the station's public file. Failure to meet these requirements may result in sanctions or remedies. These requirements are contained in 47 C.F.R. Section 73.2080 and are authorized by the Communications Act of 1934, as amended.

Consider as "full-time" employees all those permanently working 30 or more hours a week.

SECTION I.

Does your station employment unit employ fewer than five full-time employees, if television, or fewer than eleven full-time employees, if radio? Yes No

If yes, you do not have to file this form with the FCC. However, you have the option to complete the certification below, return the form to the FCC, and place a copy in your station(s) public file. You do not have to complete the rest of this form. If your station employment unit employs five or more full-time employees, if television, or eleven or more full-time employees, if radio, you must complete all of this form and follow all instructions.

CERTIFICATION

This report must be certified, as follows:

- A. By licensee, if an individual;
- B. By a partner, if a partnership (general partner, if a limited partnership);
- C. By an officer, if a corporation or an association; or
- D. By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed <i>Robert J. Pfuntner</i>	Name of Respondent <i>ROBERT J. PFUNTFER</i>
Title <i>President / CEO</i>	Telephone No. (include area code) <i>607-733-5626</i>
Date <i>1/28/10</i>	

GENERAL POLICY

A broadcast station must provide equal employment opportunity to all qualified individuals without regard to their race, color, national origin, religion or sex in all personnel actions including recruitment, evaluation, selection, promotion, compensation, training and termination.

SECTION II.

RESPONSIBILITY FOR IMPLEMENTATION

A broadcast station must assign a particular official overall responsibility for equal employment opportunity at the station. That official's name and title are:

NAME <i>Robert J. Puntnek</i>	TITLE <i>President/CEO</i>
----------------------------------	-------------------------------

It is also the responsibility of all persons at a broadcast station making employment decisions with respect to recruitment, evaluation, selection, promotion, compensation, training and termination of employees to ensure that no person is discriminated against in employment because of race, color, religion, national origin or sex.

SECTION III.

MID-TERM REPORT

Television station employment units with five or more full-time employees and radio station employment units with more than ten full-time employees filing in the middle of the license term must attach a copy of each of the two most recent EEO public file reports (the reports from this year and last year). Stations are required to place annually such information as is required by 47 C.F.R. Section 73.2080 in their public files.

EXHIBIT 1

FCC NOTICE REQUIRED BY THE PAPERWORK REDUCTION ACT

We have estimated that each response to this collection of information will average 30 minutes. Our estimate includes the time to read the instructions, look through existing records, gather and maintain required data, and actually complete and review the form or response. If you have any comments on this estimate, or on how we can improve the collection and reduce the burden it causes you, please write the Federal Communications Commission, AMD-PERM, Paperwork Reduction Project (3060-0922), Washington, D.C. 20534. We will also accept your comments via the Internet if you send them to PRA@fcc.gov. Remember - you are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0922.

THE FOREGOING NOTICE IS REQUIRED BY THE PAPERWORK REDUCTION ACT OF 1995, P.L. 104-13, OCTOBER 1, 1995, 44 U.S.C. 3507.