

Federal Communications Commission Washington, D.C. 20554 <p style="text-align: center;">FCC 396</p>	Approved by OMB 3060-0113 (March 2003)	FOR FCC USE ONLY
<p>BROADCAST EQUAL EMPLOYMENT OPPORTUNITY PROGRAM REPORT (To be filed with broadcast license renewal application)</p> <p>Read INSTRUCTIONS Before Filling Out Form</p>		FOR COMMISSION USE ONLY FILE NO. - 20110729ADM

Section I

Legal Name of the Licensee SEA-COMM, INC.		
Mailing Address C/O BROOKS, PIERCE, ET. AL. PO BOX 1800		
City RALEIGH	State or Country (if foreign address) NC	Zip Code 27602 -
Telephone Number (include area code) 9198390300		E-Mail Address (if available)
Facility ID Number 48626		Call Sign WUIN
TYPE OF BROADCAST STATION: (if applicable)	Commercial Broadcast Station <input checked="" type="radio"/> Radio <input type="radio"/> TV <input type="radio"/> Low Power TV <input type="radio"/> International	Noncommercial Broadcast Station <input type="radio"/> Educational Radio <input type="radio"/> Educational TV

Application Purpose

New Program Report

Amendment to Program Report

List call sign and location of all stations included on this statement. 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 II 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.

[Stations Locations]

Station List

List call sign and location of all stations included on this statement. 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 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)

WUIN	48626	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	OAK ISLAND, NC	<input type="radio"/> Yes <input checked="" type="radio"/> No
------	-------	---	----------------	---

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	Time Brokerage Agreement (check applicable box)
WBNE	52023	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	WRIGHTSVILLE BEACH, NC	<input type="radio"/> Yes <input checked="" type="radio"/> No

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	Time Brokerage Agreement (check applicable box)
WLTT	60882	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	BOLIVIA, NC	<input type="radio"/> Yes <input checked="" type="radio"/> No

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	Time Brokerage Agreement (check applicable box)
WNTB	73954	<input type="radio"/> AM <input checked="" type="radio"/> FM <input type="radio"/> TV	TOPSAIL BEACH, NC	<input type="radio"/> Yes <input checked="" type="radio"/> No

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	Time Brokerage Agreement (check applicable box)
WSFM	25586	<input checked="" type="radio"/> AM <input type="radio"/> FM <input type="radio"/> TV	CAROLINA BEACH, NC	<input type="radio"/> Yes <input checked="" type="radio"/> No

CONTACT PERSON IF OTHER THAN LICENSEE

Name MARK J. PRAK		Street Address P.O. BOX 1800		
City RALEIGH	State NC	Zip Code 27602-	Telephone Number 9198390300	

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 license renewal applicant whose station employment unit employs five or more full-time station employees must file a report of its activities to ensure equal employment opportunity. If a station employment unit employs fewer than five full-time employees, no equal employment opportunity program information need be filed. If a station employment unit is filing a combined report, a copy of the report must be filed with each station's renewal application.

A copy of this report must be kept in the station's public file. These actions are required to obtain license renewal. Failure to meet these requirements may result in sanctions or license renewal being delayed or denied. These requirements are contained in 47 C.F.R. Section 73.2080 and are authorized by the Communications Act of 1934, as amended.

DISCRIMINATION COMPLAINTS. Have any pending or resolved complaints been filed during Yes No 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)?

If so, provide a brief description of the complaint(s), including the persons involved, the date of the filing, the court or agency, the file number (if any), and the disposition or current status of the matter.

[Exhibit 1]

Does your station employment unit employ fewer than five full-time employees? Yes No

