

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A33347

MUZAK LIMITED PARTNERSHIP



12/18

Mailing Address: 2901 THIRD AVE., SUITE 400, SEATTLE WA 98121

Principal Office Address: 2901 THIRD AVE., SUITE 400, SEATTLE WA 98121

2. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

2a. Principal Office Address: Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered: 08/21/1992

3a. Date of Last Report: 10/16/1995

4. State or Country of Formation: DE

5a. Capital Contributions as Shown on record: \$0.00

5b. Amount of Capital Contributions in FLORIDA to date:

6. FEI Number: 13-3647593 Applied For Not Applicable

7. Certificate of Status Desired \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name: _____

Street Address (P.O. Box Number Is Not Acceptable): _____

Suite, Apt. #, etc.: _____

City: _____ State: **FL** Zip Code: _____

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
MLP ACQUISITION, L.P.	2901 THIRD AVE., SUIT	SEATTLE WA 98121	A33348
MLP ADMINISTRATION CORP.	2901 THIRD AVE., SUIT	SEATTLE WA 98121	P40150

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information contained on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: *Kirk A Collamee* DATE: 12/1/96

Typed or Printed Name of General Partner Signing Form: **Kirk A Collamee** Daytime Telephone Number: 206 633-3000

CR25003 (6/96)