

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
 12 JAN -7 PM 4:30  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

<b>1. Name of Limited Partnership</b>  MUZAK LIMITED PARTNERSHIP		<b>1a. DOCUMENT #</b> <b>A33347</b>	
<b>Mailing Address</b>  2901 THIRD AVE., SUITE 400 SEATTLE WA 98121	<b>Principal Office Address</b>  2901 THIRD AVE SUITE 400 SEATTLE WA 98121		
<b>2. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip Country	<b>2a. Principal Office Address</b>  Suite, Apt. #, etc.  City & State  Zip Country		



<b>3. Date Formed or Registered</b> 08/21/1992	<b>5a. Capital Contributions as Shown on Record</b>  \$0.00
<b>3a. Date of Last Report</b> 05/06/1998	<b>5b. Amount of Capital Contributions in FL (FLCDA fee fee)</b>
<b>4. State or Country of Formation</b>  DE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>6. FEI Number</b> 13-3647593	<b>7. Certificate of Status Desired</b> <input checked="" type="checkbox"/> \$8.75 Annual Fee Required
<b>8. Make check payable to Dept. of State (See reverse side for information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST SUITE 105 TALLAHASSEE FL 32301	<b>10. If changed, new Registered Agent Office</b>  Name Street Address (P.O. Box Number is Not Applicable) Suite, Apt. #, etc. City FL Zip Code
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**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). Thereby 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	A33346
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)(b), 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 included 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 *Charles Saldarini* DATE 12/30/98  
 Typed or Printed Name of General Partner Signing Form **Charles Saldarini** Daytime Telephone Number 206-633-3000

CR2E003 (9/98)