

**2023 FOREIGN PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F10000000268

**Entity Name:** AGENCY 720 INC.

**Current Principal Place of Business:**

500 WOODWARD AVENUE, SUITE 1900  
DETROIT, MI 48226

**Current Mailing Address:**

500 WOODWARD AVENUE, SUITE 1900  
DETROIT, MI 48226 US

**FEI Number:** 27-1522422

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** STEPHANIE MILNES

06/10/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title ASST. SECRETARY  
Name JONES, KATHLEEN M.  
Address 500 WOODWARD AVENUE, SUITE 1900  
City-State-Zip: DETROIT MI 48226

Title PRESIDENT  
Name KOBAKOF, HAROLD  
Address 500 WOODWARD AVENUE, SUITE 1900  
City-State-Zip: DETROIT MI 48226

Title TREASURER  
Name BRAZELTON, KYLE  
Address 488 MADISON AVENUE  
City-State-Zip: NEW YORK NY 10022

Title D  
Name KOBAKOF, HAROLD  
Address 500 WOODWARD AVENUE, SUITE 1900  
City-State-Zip: DETROIT MI 48226

Title DIRECTOR  
Name WALKER, JOHN  
Address 500 WOODWARD AVENUE, SUITE 1900  
City-State-Zip: DETROIT MI 48226

Title DIRECTOR  
Name LARSON, MICHAEL  
Address 500 WOODWARD AVENUE, SUITE 1900  
City-State-Zip: DETROIT MI 48226

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KATHLEEN M. JONES

ASSISTANT SECRETARY 06/10/2023

Electronic Signature of Signing Officer/Director Detail

Date