

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): Douglas M. Gooding Department of Corporations 1390 Market St., Suite 810 San Francisco, CA 94102-5303 ATTORNEY FOR (Name): People of the State of California Insert name of court and name of judicial district and branch court, if any: Superior Court PLAINTIFF/PETITIONER: People of the State of California, by and through the California Corporat DEFENDANT/RESPONDENT: CorbinMotors.com, Inc. et al	TELEPHONE NO.: 415-557-3544 FOR COURT USE ONLY ENDORSED FILED SUPERIOR COURT (COUNTY OF SAN FRANCISCO) JAN 12 2004 GORDON PARKER, CLERK BY _____ Deputy Clerk
<p style="text-align: center;">REQUEST FOR DISMISSAL</p> <input type="checkbox"/> Personal Injury, Property Damage, or Wrongful Death <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other <input type="checkbox"/> Family Law <input type="checkbox"/> Eminent Domain <input checked="" type="checkbox"/> Other (specify): Securities	CASE NUMBER: CGC 03420165

— A conformed copy will not be returned by the clerk unless a method of return is provided with the document. —

1. **TO THE CLERK:** Please **dismiss** this action as follows:

a. (1) With prejudice (2) Without prejudice

b. (1) Complaint (2) Petition
 (3) Cross-complaint filed by (name): _____ on (date): _____
 (4) Cross-complaint filed by (name): _____ on (date): _____
 (5) Entire action of all parties and all causes of action
 (6) Other (specify):* Complaint only as to defendants CORBIN MOTORS DAYTONA BEACH, INC., and FRANK ANTHONY LUZI, JR.

Date: January 12, 2004

Douglas M. Gooding _____
 (TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

 (SIGNATURE)
 Attorney or party without attorney for:

* If dismissal requested is of specified parties only, of specified causes of action only, or of specified cross-complaints only, so state and identify the parties, causes of action, or cross-complaints to be dismissed.

Plaintiff/Petitioner Defendant/Respondent
 Cross-complainant

2. **TO THE CLERK:** Consent to the above dismissal is hereby given.**

Date: _____

 (TYPE OR PRINT NAME OF ATTORNEY PARTY WITHOUT ATTORNEY)

 (SIGNATURE)
 Attorney or party without attorney for:

Plaintiff/Petitioner Defendant/Respondent
 Cross-complainant

(To be completed by clerk)

3. Dismissal entered as requested on (date): _____

4. Dismissal entered on (date): _____ as to only (name): _____

5. Dismissal **not entered** as requested for the following reasons (specify): _____

6. a. Attorney or party without attorney notified on (date): _____
 b. Attorney or party without attorney not notified. Filing party failed to provide
 a copy to conform means to return conformed copy

Date: _____ Clerk, by _____, Deputy